

Pharmaceutical Needs Assessment for Sunderland

April 2018 – March 2021

FINAL POST CONSULTATION REPORT



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Executive Summary

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmacy services across Sunderland and whether there are any potential gaps in service delivery. The *Health and Social Care Act 2012* ⁽¹⁾ transferred the responsibility for developing and updating pharmaceutical needs assessments from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. Each Health and Wellbeing Board was required to produce and publish its first pharmaceutical needs assessment by 1 April 2015. A revised assessment must be published within three years of publication of this first assessment or sooner in response to significant changes to the availability of pharmaceutical services, provided that this would not be a disproportionate response to those changes. The Health and Wellbeing Board has now produced an updated pharmaceutical needs assessment for formal publication on 1 April 2018.

The pharmaceutical needs assessment will be used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of community pharmacy enhanced and locally commissioned services.

The public health team of Sunderland City Council oversaw the development of the pharmaceutical needs assessment on behalf of the Sunderland Health and Wellbeing Board. In the process of undertaking the pharmaceutical needs assessment, a steering group was established and data was sought from a number of stakeholders including NHS England, Sunderland Clinical Commissioning Group, Sunderland City Council, Sunderland Local Pharmaceutical Committee (LPC) and local community pharmacists. The aim was to identify issues that affect the commissioning of community pharmacy services and to identify priorities for the future provision of community pharmacy services.

A statutory consultation was undertaken from 18th December 2017 to 16th February 2018 to seek the views of statutory consultees, the public and other stakeholders, on whether they agree with the contents of this pharmaceutical needs assessment. Any comments and feedback obtained from the consultation are reflected in this final revised pharmaceutical needs assessment report. The pharmaceutical needs assessment for Sunderland links to the health needs identified in the Joint Strategic Needs Assessment (JSNA).

This pharmaceutical needs assessment includes information on the following:

- A description of the PNA process, including the determination of localities.
- An assessment of health needs now and in the future.
- A description of community pharmacies in Sunderland.
- An assessment of current service provision and access, including any gaps.
- A consideration of possible future roles for community pharmacy.
- An assessment of community pharmacy's contribution to the Joint Health and Wellbeing Strategy.
- Key messages from stakeholder engagement activity and statutory consultation.
- A summary of findings and the statement of pharmaceutical needs assessment.

1. Introduction

1.1 Background

The *Health Act 2009* ⁽²⁾ introduced a legal requirement for all Primary Care Trusts (PCTs) to publish a pharmaceutical needs assessment (PNA) by 1 February 2011. The *Health and Social Care Act 2012* ⁽¹⁾ subsequently transferred the responsibility for developing and updating the pharmaceutical needs assessment to Health and Wellbeing Boards.

Each Health and Wellbeing Board was required to produce and publish its first pharmaceutical needs assessment by 1 April 2015. A revised assessment must then be published within three years of publication of this first assessment or sooner in response to significant changes to the availability of pharmaceutical services, provided that this would not be a disproportionate response to those changes. Following on from the publication of the *Pharmaceutical Needs Assessment for Sunderland April 2015 – March 2018* ⁽³⁾, the Health and Wellbeing Board has now produced an updated pharmaceutical needs assessment for publication on 1 April 2018.

1.2 Purpose

The pharmaceutical needs assessment describes the health needs of the population (see section 4), current pharmaceutical services provision and any gaps in that provision (sections 7 and 8). It also identifies potential new services to meet health needs and help achieve the objectives of the *Joint Health and Wellbeing Strategy* ⁽⁴⁾, whilst taking account of financial constraints. It takes account of the joint strategic needs assessment (JSNA) ⁽⁵⁾ and is a strategic commissioning document which will be primarily used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾.

The PNA will also be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information;
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need - these services can be commissioned by local authorities, NHS England and CCGs (see sections 7 and 8);
- 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 Health and Wellbeing Strategy* ⁽⁴⁾; and
- Facilitate opportunities for pharmacists to make a significant contribution to the health of the population of Sunderland.

1.3 Pharmacy market

Under the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*⁽⁶⁾, 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 pharmaceutical needs assessment. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e., internet or mail order only) basis. There are five types of market entry application that can be made to be included on the NHS England Pharmaceutical List. These are:

- To meet a current need in the pharmaceutical needs assessment;
- To meet a future need in the pharmaceutical needs assessment;
- 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 pharmaceutical needs assessment was published.

Since the publication of the previous PNA, the government's austerity programme has had an impact on the resources available to the whole health and social care system. In order to ensure that all parts of the health service strive to become more efficient, the government imposed a two-year funding package on community pharmacies with effect from December 2016⁽⁷⁾. This reduced community pharmacy core funding by 4% in 2016/17 and a further 3.4% in 2017/18. More reductions are expected in 2018/19 and 2019/20, but will be subject to further consultation. In addition, there were also significant changes to the package of fees and allowances to community pharmacies (see section 7).

Since the average pharmacy (excluding very large high street pharmacies and supermarket pharmacies) is heavily dependent upon the core funding from NHS England - earning 90–95% of its income from the national pharmacy contract and the commissioned services it provides⁽⁸⁾, it is anticipated that some pharmacies may close as a result of the reduction in funding.

As a consequence, the government introduced *The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016*⁽⁹⁾ which include provisions to encourage mergers or consolidations of closely located, “surplus” community pharmacies. These new regulations allow two pharmacies to make an application to merge and provide services from one of the two current premises. Health and Wellbeing Boards have been given two new statutory duties in relation to this.

The Government's position on the funding cuts is that it believes they can be made without compromising the overall quality of services or public access to them⁽¹⁰⁾ because “in some areas there are more pharmacies than are necessary to maintain good patient access.”

1.4 National vision for the future of community pharmacy

The overall Government vision for community pharmacy ⁽¹¹⁾ is that it should be “integrated with the wider health and social care system” in order to:

- Help relieve pressure on GPs and Accident and Emergency departments;
- Ensure optimal use of medicines;
- Achieve better value for money and better patient outcomes;
- Support the promotion of healthy lifestyles and ill health prevention; and
- Contribute to delivering 7 day health and care services.

This vision is consistent with the *NHS Five Year Forward View* ⁽¹²⁾ and recognises the vital contribution that community pharmacies already make to the health system, including their role in:

- Dispensing medicines;
- Advising on medicine use;
- Promoting and protecting health;
- Supporting the prevention agenda; and
- Helping people to develop the knowledge and skills to self-care.

Furthermore, the vision emphasises that community pharmacies could play an even greater role within more integrated local care models by making greater use of pharmacists’ clinical skills and harnessing the skills of the wider pharmacy team to “make every contact count”. This could include their role in:

- Preventing ill health;
- Supporting good health;
- Optimising medicines usage;
- Supporting people with long term conditions;
- Treating minor illness and injuries; and
- Taking referral from other health and care providers

In response, the community pharmacy sector has published the *Community Pharmacy Forward View* ⁽¹³⁾. The document sets out the ambition for community pharmacy to enhance and expand personalised care, support and wellbeing services through pharmacy teams that are fully integrated with other local health and care services and describes three key roles for the community pharmacy of the future:

- **As the hub for neighbourhood health and wellbeing** - Building on the Healthy Living Pharmacy model, all community pharmacies should operate as neighbourhood centres providing support, advice and resources on staying well and independent. Whilst the safe and efficient supply of medicines will remain a core part of this offer, it will be recognised as one component of a broader set of resources and services that are available. Pharmacy teams should have connections to a wide range of other local organisations that support health, wellbeing and independence and be able to refer and signpost people to them. Some pharmacies may host outreach or drop in facilities for these

organisations, and pharmacy team members will routinely be involved in community-based health and wellbeing activities they organise.

- **As the first port of call for episodic healthcare advice and treatment** - The habit of using or signposting to 'pharmacy first' for non-emergency episodic care, should be ingrained in patient, public and professional behaviours. To facilitate this, systems that enable seamless triage to and referral from community pharmacy should be included in all local urgent care pathways and in NHS 111 services.
- **As the facilitator of personalised care for people with long term conditions** - Community pharmacy teams should be integral to supporting and empowering people with long term conditions and their carers to manage their own health.

In April 2016, the Chief Pharmaceutical Officer of NHS England commissioned an independent review of community pharmacy clinical service ⁽¹⁴⁾. The review was commissioned because of the changing context for community pharmacy, specifically:

- The changing population needs for healthcare, in particular the demands of an ageing population with multiple long term conditions;
- Emerging models of pharmaceutical care provision both nationally and internationally;
- Evidence of sub-optimal outcomes from medicines in primary care settings;
- The need to improve value through integration of pharmacy and clinical pharmaceutical skills into patient pathways and the emerging new care models; and
- The need for wide ranging service redesign to support a financially sustainable NHS.

The report ⁽¹⁴⁾ acknowledges that community pharmacies have the potential to help meet both short and long term challenges to provide better outcomes for patients in a more integrated health and care system, and can reduce pressure on other parts of the NHS including general practice, urgent care and emergency care. Despite the strong evidence base, progress has been slow as policy change for community pharmacy has lagged behind policy change for general practice.

The review identified the following as key barriers to community pharmacies providing clinical services:

- A lack of interoperability of digital clinical systems hindering integration with other parts of the NHS;
- A culture of weak relationships between GPs and community pharmacy;
- The complex and fragmented nature of existing contractual mechanisms for community pharmacy;
- Funding models with an overt focus on dispensing and supply, at the expense of utilising clinical skills.

Recommendations from the report ⁽¹⁴⁾ seek to ensure that community pharmacy becomes more integrated into the evolving new models of care alongside other primary care professionals by:

- Ensuring access to digital technologies to support appropriate information sharing and communication between community pharmacy staff and other healthcare professionals.
- Refining long term condition management pathways so that community pharmacists can support case finding, prevention and self-care advice, medicines optimisation and ongoing monitoring and follow up.
- Redesigning medicines use reviews (MUR) into full clinical medication reviews.
- Considering how existing contractual levers or new ways of contracting with individual or groups of pharmacies could make better use of clinical skills.
- Encouraging NHS England to support local health systems to consider whether changes to the Local Pharmaceutical Services (LPS) contracts and a move away from national commissioning and towards local commissioning would serve to better meet the needs of individual communities.
- Exploring the practical steps that could be taken to unravel professional boundary issues and promote closer working between GPs and community pharmacies.

As the review ⁽¹⁴⁾ was initially intended to inform NHS England about its future approach to provision of clinical pharmacy services and the commissioning of NHS community pharmacy services, it was disappointing to hear that they would not be publishing a response. The view from NHS England is that the findings have already been taken into account and that the transformation of pharmacy practice is progressing. The Pharmacy Integration Fund is seen as the mechanism for freeing up pharmacists and their teams to: spend more time delivering safe and effective clinical services and health improvement for their patients; work in a variety of NHS settings, as part of an integrated local primary team; and be supported by improved technology.

1.5 National context

The *NHS Five Year Forward View* ⁽¹²⁾, set out a clear direction for the NHS over the period to 2020/21. It stated that despite sustained improvements in NHS services over the previous 15 years, financial pressures on the health and care system had brought the following key challenges into clear focus:

- **Health and wellbeing challenge** - Without a greater focus on prevention people will live longer, but spend their extended years in poor health; health inequalities will widen and our capacity to pay for treatments that cannot be avoided will be compromised by the need to spend more resource on avoidable illness.
- **Care and quality challenge** – Without a significant change in the way health services are organised and provided, we will not be able to tackle the over-reliance on hospital and emergency services or harness new technology to respond to the changing needs of people living longer with, sometimes, multiple long term conditions.

- **Funding and efficiency challenge** – Without significant efficiency and productivity schemes to manage financial pressures, it will not be possible to continue to deliver safe and effective services in response to the increasing needs and expectations of patients and carers.

Against this backdrop, the *NHS Five Year Forward View*⁽¹²⁾ set out proposals for sustaining and improving the NHS over the next five years through:

- A radical upgrade in prevention and public health;
- Giving patients greater responsibility for and control of their own care;
- Breaking down barriers between health care and social care providers and developing and implementing new models for integrating care.

More recently, *Next Steps on the NHS Five Year Forward View*⁽¹⁵⁾ identified the following priorities for the NHS during 2017/18:

- Upgrading the urgent and emergency care system;
- Strengthening access to high quality GP services
- Improvements to cancer services and mental health services.

1.6 Working across Northumberland, Tyne & Wear and North Durham

To accelerate delivery of the *NHS Five Year Forward View*⁽¹²⁾, local NHS bodies and local authorities have come together to form 44 sustainability and transformation partnerships (STPs) which together cover the whole of England. Each STP was tasked with developing a plan that sets out the local approach to achieving the vision of the *NHS Five Year Forward View* by 2020/21.

Our STP, which covers Northumberland, Tyne & Wear and North Durham, has developed an ambitious *draft plan*⁽¹⁶⁾ to improve the health and wellbeing of the 1.7 million people living in the STP area. This builds on work that had already begun across the area and sets out proposals which, if taken forward, would mean that by 2021:

- The health inequalities in the area would be reduced to be comparable to the rest of the country;
- The area would have thriving out of hospital services that attract and retain the staff they need to best support their patients;
- There would be high quality hospital and specialist care across the whole area, seven days a week.

1.7 Sunderland strategic objectives

The Sunderland Health and Wellbeing Board brings together Sunderland City Council and Sunderland Clinical Commissioning Group with a range of partners to promote integrated working between commissioners of health services, public health and social care services to improve the health and wellbeing of local people. The Health and Wellbeing Board produces a joint strategic needs assessment (JSNA)⁽⁵⁾ which informs them about the health and wellbeing of people in Sunderland and how

this compares to the rest of England. The pharmaceutical needs assessment forms an integral part of the JSNA, which informs Sunderland's *Joint Health and Wellbeing Strategy*⁽⁴⁾.

Sunderland's *Joint Health and Wellbeing Strategy*⁽⁴⁾ sets out our vision to have the:

Best possible health and wellbeing for Sunderland ... by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.

The principles that underpin the joint Health and Wellbeing Strategy for Sunderland are as follows:

- Promoting understanding between communities and organisations;
- Ensuring that children and young people have the best start in life;
- Supporting and motivating everyone to take responsibility for their health and that of others;
- Supporting everyone to contribute;
- Supporting people with long-term conditions and their carers; and
- Supporting individuals and their families to recover from ill-health and crisis.

The Health and Wellbeing Board has agreed that intensive and joined up activity on the following health issues should accelerate the improvement of health outcomes for the City:

- Tobacco;
- Alcohol; and
- Economy and standard of living.

In addition, the *Sunderland Health & Care System Strategic Plan 2014-2019*⁽¹⁷⁾ and *Operational Plan 2017-2019*⁽¹⁸⁾ describe how health services and social care will work together to achieve:

- Improvements in the health and wellbeing of all local people so they can live longer, with a better quality of life and a reduction in health inequalities; and
- Better and more integrated services across health and social care, underpinned by more effective clinical decision making.

These will be delivered through a focus on:

- Transforming out of hospital care, through integration and 7 day working;
- Transforming in hospital care, specifically urgent and emergency care through 7 day working; and
- Self-care and sustainability.

Appendix 7 describes some of these priorities and how community pharmacy is, or could in the future, support the delivery of these priorities.

2. The Sunderland Health System

2.1 GP surgeries (including extended access)

From 1st April 2018, there will be 40 GP practices within Sunderland delivering primary medical services from locations across the City (Appendix 5); all are open for the same core hours of 8.00 am until 6.00 pm Mondays to Fridays. Sunderland has no dispensing doctors.

The development of GP services across the City is guided by the *Commissioning Strategy for General Practice 2016-2021* ⁽¹⁹⁾ which aims to sustain and transform general practice in Sunderland to ensure the provision of high quality primary medical care delivering improved health outcomes for local people, now and in the future. The strategy focuses on five key objectives to:

- Support general practice to increase capacity and build its workforce;
- Improve patient access;
- Ensure a central, co-ordinating role for general practice in delivering out of hospital care;
- Support better health through prevention and increasing patients' capacity for self-care;
- Encourage new working arrangements between practices.

With effect from 1st September 2017, new arrangements for extended access to GP services were introduced across the City. These are provided by the Sunderland GP Alliance through hub locations and offer Sunderland patients pre-bookable and on the day appointments for both routine and unplanned primary care. Any patient can attend any hub location, though booking processes identify those closest to the patient's home.

From 6.00 pm until 8.30 pm Monday to Friday and from 9.00 am until 2.00 pm on Saturdays, appointments are available at five hub locations across the city as follows:

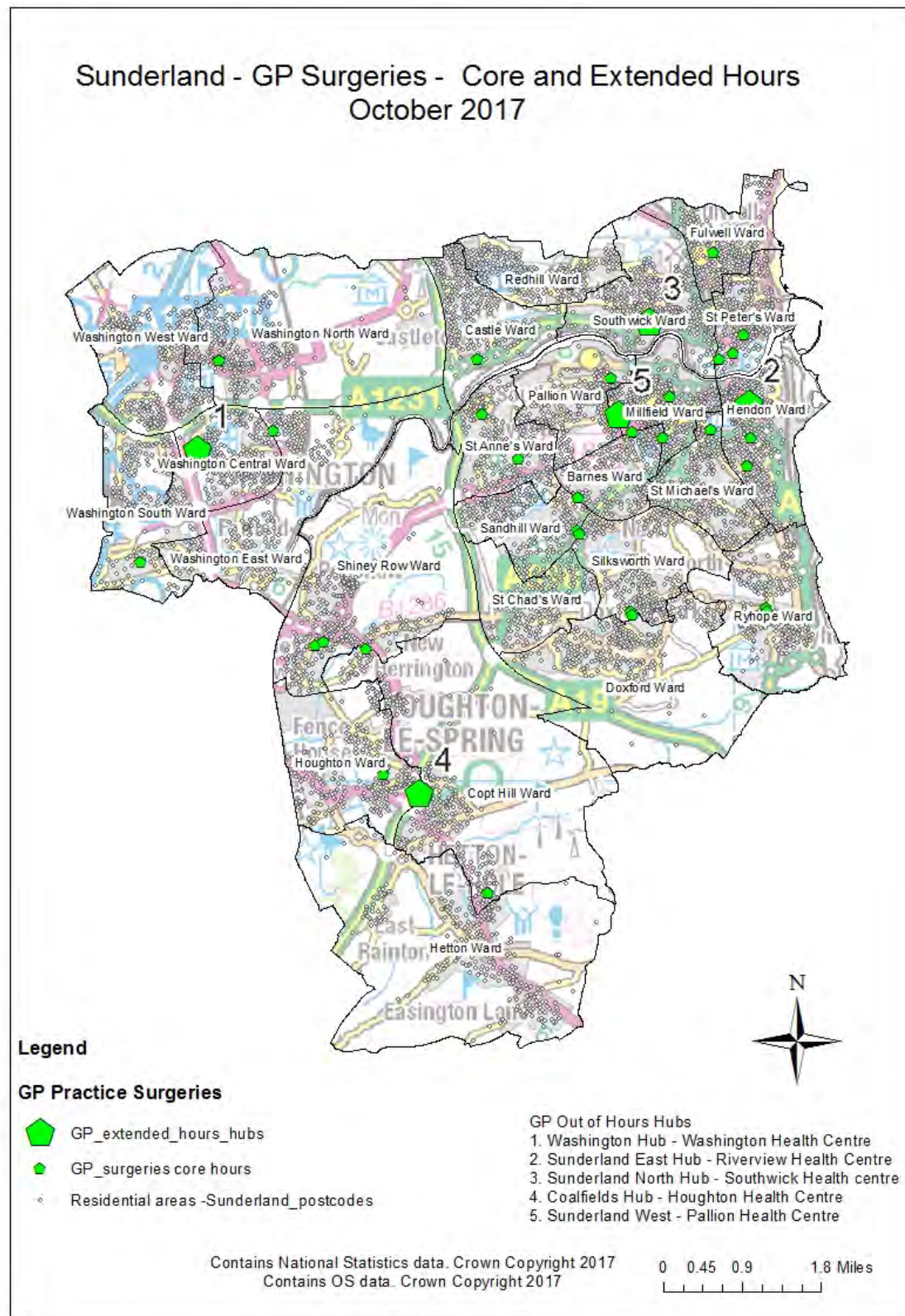
- Houghton Health Centre, Church Street, Houghton-le-Spring, DH4 4DN (Coalfields);
- Riverview Health Centre, West Lawrence Street, Hendon, SR1 1XW (Sunderland East);
- Southwick Health Centre, Southwick, SR5 2LT (Sunderland North);
- Pallion Health Centre, Hylton Road, SR4 7XF (Sunderland West);
- Washington Health Centre, The Galleries, NE38 7NQ (Washington).

From 9.00 am until 2.00 pm on Sundays appointments are available at three hub locations across the city as follows:

- Riverview Health Centre, West Lawrence Street, Hendon, SR1 1XW (Sunderland East);
- Pallion Health Centre, Hylton Road, SR4 7XF (Sunderland West);
- Washington Health Centre, The Galleries, NE38 7NQ (Washington).

A map of the locations of GP surgeries highlighting the hub locations is shown as Figure 1. Full address details for practices are given in Appendix 5.

Figure 1: Map of GP practices highlighting extended access hub locations



2.2 GP enhanced services

NHS England or Clinical Commissioning Groups may commission “enhanced services” from GP practices. These are primary medical services (other than essential services, additional services or out of hours services) that go beyond what is required through the GP core contract. These have previously been referred to as Directed Enhanced Services (DES) or National Enhanced Services (NES).

Enhanced services that are currently available with national specifications produced by NHS England are as set out in Table 1. This includes highlighting the possible contribution that community pharmacies can make now or in the future.

Table 1: possible community pharmacy role in relation to GP enhanced services

Service	Description
Health checks for people with a learning disability	<p>Allows GP practices to offer a medical to patients aged 14 years and over with a learning disability and produce a health action plan.</p> <p>Community pharmacies could help to deliver elements of individual patients’ health action plans by supporting behaviour change, providing advice and support about prescribed medications, supporting the management of long term conditions, help with self-care and signposting to other services.</p>
Targeted immunisation programmes	<p>Allows GP practices to provide the following targeted immunisation programmes:</p> <ul style="list-style-type: none">• childhood ‘flu (2 & 3 year olds)• meningitis ACWY (18 year olds and University Freshers)• meningitis B (infants)• pertussis (pregnant women)• shingles (catch up)• seasonal ‘flu and pneumococcal (adults aged 65 and over and clinical at risk groups) <p>Community pharmacies already make a significant contribution to improving access to seasonal ‘flu vaccine for adults aged 65 and over, adults in clinical at risk groups, adult carers and adult household contacts of people with a compromised immune system. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.</p>

In line with the *Commissioning Strategy for General Practice 2016-2021*⁽¹⁹⁾, Sunderland CCG commissions an enhanced primary care programme which encourages GP practices to work collaboratively and at scale in localities to support effective management of patients with long term conditions. Programme delivery is led by the Sunderland GP Alliance and currently includes:

- Standardising care pathways across the City;
- Aligning GP practices with care homes across the City;
- Providing ambulatory ECG via hub and spoke arrangements to improve diagnosis of atrial fibrillation, support appropriate management and reduce the risk of stroke;
- Proactively managing patient care following unplanned hospital admission using post-discharge clinics to optimise use of medicine, support self-management and reduce readmissions;
- Working collaboratively with the Recovery at Home service to develop an integrated, City-wide in hours home visiting service;
- Working at scale through five locality hubs to manage insulin initiation and dose titration to improve patient management of diabetes and reduce diabetic complications;
- Working at scale to establish five locality hubs to undertake spirometry to support the diagnosis and management of lung conditions.

2.3 GP out-of-hours

The GP out-of-hours service provides emergency access for urgent primary care needs to patients between the hours of 6.00 pm and 8.00 am every weekday, and on a 24 hour basis at weekends and bank holidays. Patients who need urgent primary health care telephone the free NHS 111 service for guidance on the most appropriate service for their health needs; this includes access to the out of hours GP service, if appropriate. A home visit can be undertaken, if required, or an appointment for a face to face consultation can be arranged at one of the City's urgent care centres.

The service has the facility to provide patients with medication from a limited formulary if deemed clinically necessary, following clinical assessment. However, patients are often provided with prescriptions for non-formulary/non-urgent items and are directed to local community pharmacies that are open.

2.4 Urgent Care Centres

Sunderland's *Urgent Care Strategy*⁽²⁰⁾ aims to shift access to urgent care services closer to people's homes and away from the Emergency Department, which should only be accessed for immediate life threatening conditions, serious injuries or serious illness.

Sunderland's current urgent care system includes four GP-led urgent care centres across Sunderland. These provide treatment for a range of minor illnesses and injuries that need urgent attention where a patient cannot wait to be seen by their own GP. Access to these centres is supported by NHS 111.

Patients with an urgent care need telephone the free NHS 111 service to be directed to the most appropriate service for their health condition; this includes making an appointment at one of the Urgent Care Centres, if this is appropriate. Patients can “walk-in” to the urgent care centres, but patients are likely to be seen sooner at the centre if they arrange an appointment through NHS 111. The walk in facility is available to everyone irrespective of where they live or whether they are registered with a GP.

There are three GP-led urgent care centres, operated by Northern Doctors Urgent Care, which are open from 10.00 am until 10.00 pm on weekdays and from 8.00 am until 10.00 pm at weekends and Bank Holidays. These centres are located at:

- Houghton Primary Care Centre, Houghton-le-Spring, DH4 5HB (Coalfields);
- Bunny Hill Primary Care Centre, Downhill, SR5 4BW (Sunderland North);
- Washington Primary Care Centre, Parkway, NE38 7QZ (Washington).

A fourth GP-led urgent care centre, operated by City Hospitals Sunderland NHS Foundation Trust, is currently based at:

- Pallion Health Centre, SR4 7XF (Sunderland West).

These services have the facility to provide patients with medication from a limited formulary if deemed clinically necessary, following clinical assessment. However, patients are often provided with prescriptions for non-formulary/non-urgent items and are directed to local pharmacies that are open.

Urgent Care Centres were originally intended to provide more appropriate care provision for people who were accessing Emergency Department for non-life-threatening care. It was therefore assumed that patients would access Urgent Care Centres instead of the Emergency Department, thus resulting in less people overall accessing the Emergency Department. Analysis of activity over the last ten years ⁽²⁰⁾ shows that attendances at the Emergency Department have increased year on year, the introduction of Urgent Care Centres has not impacted upon people accessing the Emergency Department, and less people are now accessing Urgent Care Centres than in the past. At the present time, GP practices are experiencing a significant burden, with an average of 28,500 patient contacts every week.

Following a period of engagement and review, work is underway to develop a new Sunderland-wide Urgent Care model. This model will:

- Increase self-care through access to appropriate clinical advice;
- Ensure appropriate access to treatment as close to home as possible;
- Simplify access by improving integration across health and social care;
- Reduce duplication of services;
- Meet nationally mandated requirements;
- Be safe and sustainable; and
- Provide responsive, high quality care.

2.5 Out of Hospital (Community) Services

South Tyneside NHS Foundation Trust is the main provider for a range of community health services for the population of Sunderland. Northumberland Tyne & Wear NHS Foundation Trust provides community mental health services for Sunderland; the trust has two main bases within Sunderland at Hopewood Park in Ryhope (Sunderland East) and Monkwearmouth Hospital in Fulwell (Sunderland North).

Sunderland Care and Support is a key provider of adult social care and health services providing support to people who because of their age, illness, disability or learning difficulty need help and support to live as independently as possible at home or in the community. Together for Children provides children's services for the population of Sunderland.

Sunderland's vision for out of hospital care is set out in its *Operational Plan* ⁽¹⁸⁾ and aims to deliver community and enhanced GP services closer to home, reducing pressure on the hospital sector and addressing unwarranted variation in care.

The initial focus of transformation was to provide co-ordinated person centred care for some of the most vulnerable people in the City. The [All Together Better Sunderland](#) vanguard programme supported the development and delivery of:

- Community Integrated Teams to support and empower patients to take control of their health and social care needs;
- The Recovery at Home service to maximise and support independent living; and
- Enhanced Primary Care to support patients with moderate needs and long term conditions to manage their conditions more effectively.
- Telehealth and telecare projects act as enablers for the whole programme.

Work has continued to develop the new care model to deliver more planned and proactive services out of hospital, particularly for those who have a number of long term conditions and have regular contact with the health and care system including:

- A greater focus on prevention, self-care and self-management;
- Better integration of community mental health services;
- Considering further opportunities for delivery of GP services at scale;
- Reviewing and refining approaches to risk stratification for the most vulnerable patients;
- Ensuring effective integration between the out of hospital model and the urgent care model to ensure that patients can have both their urgent and planned health and social care needs met in a safe, effective and efficient way in the community.

Building on the learning from the All Together Better Sunderland vanguard programme, Sunderland CCG wishes to commission a multi-specialty community provider (MCP) as a means of integrating all out of hospital services and securing the model for the future. This will include:

- General Practices (though the level of integration is up to each individual Practice);
- District nursing;
- Specialist community nursing;
- Urgent care services;
- Services for mental health, learning disability and autism;
- Community-based rehabilitation at home and in community beds;
- Continuing care at home or in a care home; and
- End of life care.

The aim is to improve the quality and efficiency of out of hospital services through the sharing of resources, records, data and information. Instead of patients being passed from one service to another and telling their story numerous times, the CCG would like a wider range of services to work together to provide the community with a more efficient, joined up system of care.

Between 8 November and 13 December 2017, the CCG undertook a programme of engagement activities focused on gathering feedback from the public, patients, carers, stakeholders representing the public, and potential providers within the market on the plans presented in the MCP draft prospectus ⁽²¹⁾. The results of both the market and public engagement will be formally reported to the CCG Governing Body and will inform the final procurement and evaluation strategy for the MCP. A decision on the approach to be taken is likely to be announced in March 2018.

2.6 Hospital Services

City Hospitals Sunderland NHS Foundation Trust is the main provider of hospital services for the Sunderland population. Sunderland Royal Hospital is situated in the ward of Millfield (Sunderland West but on the border with Sunderland East). Sunderland Eye Infirmary is located in St Michael's ward (Sunderland East).

Northumberland Tyne & Wear NHS Foundation Trust provides inpatient mental health services for Sunderland.

The Sunderland population makes relatively high use of hospital services and the local health economy is facing a number of challenges in the face of the Government's austerity programme. Increasingly, City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust are working more closely together in order to deliver safe, effective, high quality and sustainable services. Duplication of service provision at both hospital sites is no longer sustainable due to workforce and financial pressures. The Path to Excellence programme is undertaking a series of clinically-led service reviews to recommend the best configuration of services for the future.

It is recognised that patients benefit from the support of community pharmacy following discharge from hospital, and a process of clinical handover (previously referred to as a "transfer of care") is now in place across Sunderland. City Hospitals Sunderland started to make clinical handover referrals to community pharmacists in Sunderland in April 2016, and 97% of those referred currently go on to be supported by their pharmacist.

This process is available for any patient being discharged from hospital that has had a new medicine started or a change of medication whilst in hospital. If the patient consents, the clinical handover process allows:

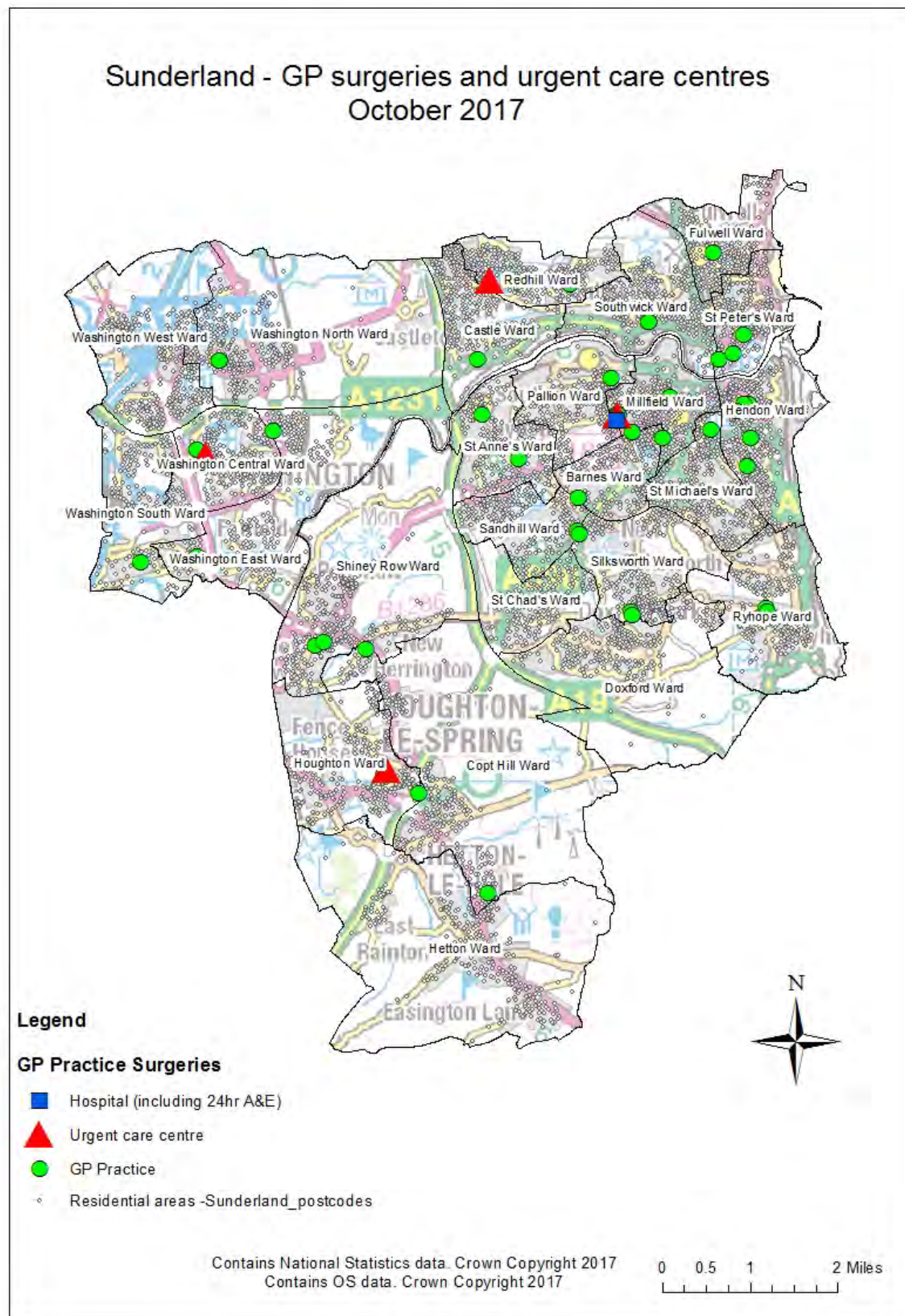
- The hospital to share information with the community pharmacists about new medicines, medicine changes or any compliance aids being used by the patient; and
- The community pharmacist to make contact with the patient, once they have been discharged, to arrange for them to have either a New Medicine Service or a Medicine Use Review consultation, to make sure they know about their new medication and how to use it.

Work is continuing to develop an electronic system for the referrals and to ensure that the process can have a positive impact for patients. Similar schemes in neighbouring areas have found that patients who receive an intervention from their community pharmacist once home are:

- Less likely to be readmitted to hospital; and
- More likely to spend less time in hospital, if they are readmitted.

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

Figure 2: Map showing the locations of GP surgeries, Urgent Care Centres and the Sunderland Royal Hospital Site



3. Pharmaceutical Needs Assessment (PNA) process

3.1 PNA development group

The requirements of a pharmaceutical needs assessment are set out in the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*⁽⁶⁾. The process of producing the PNA followed guidance set out in the *Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards*⁽²²⁾, published by the Department of Health in 2013. This PNA relates to community pharmacies. Prison pharmacy and hospital pharmacy are outside the scope of the PNA.

The public health team of Sunderland City Council oversaw the development of the pharmaceutical needs assessment on behalf of the Sunderland Health and Wellbeing Board. In the process of undertaking the pharmaceutical needs assessment, a steering group was established during June 2017. The core membership of the group included representatives from: the public health, communications and engagement teams at Sunderland City Council, Sunderland CCG, Sunderland Local Pharmaceutical Committee and Sunderland HealthWatch. Full membership is set out in Appendix 8.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings;
- Content of a PNA questionnaire to pharmacists in Sunderland;
- Timeline of the PNA process;
- Structure of the PNA document;
- Process and questionnaires for engagement and consultation;
- Appropriate governance, including declaration of interests, and reporting arrangements.

The steering group was responsible for overseeing the completion of the PNA and ensuring it meets the minimum requirements set out in the regulations.

3.2 Determination of localities

The *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*⁽⁶⁾ state that, in making its assessment of needs, the Health and Wellbeing Board should have regard to the different needs of different localities within its area.

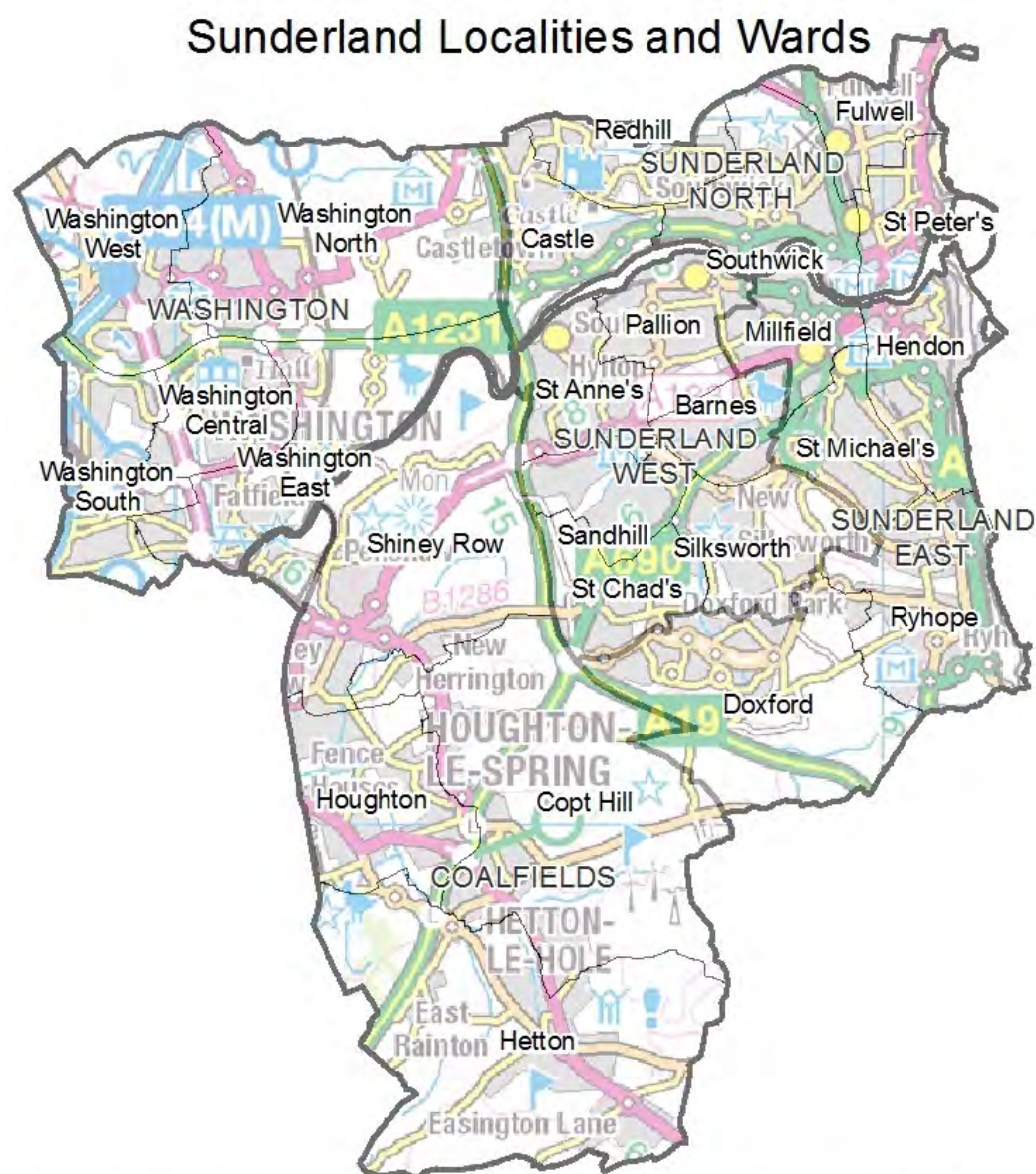
In accordance with this, the steering group considered how to assess these different needs, and concluded that the most appropriate means of dividing the Sunderland area was to adopt the five locality areas used by both Sunderland City Council and Sunderland Clinical Commissioning Group. These are as follows:

- Coalfields – covering Copt Hill, Hetton, Houghton and Shiney Row wards;
- Sunderland East – covering Doxford, Hendon, Millfield, Ryhope and St Michael's wards;

- Sunderland North – covering Castle, Fullwell, Redhill, Southwick and St Peter's wards;
- Sunderland West – covering Barnes, Pallion, Sandhill, Silksworth, St Anne's and St Chad's wards; and
- Washington – covering Washington Central, Washington East, Washington North, Washington South and Washington West wards.

This approach is in line with the data available within the JSNA, although the Health and Wellbeing Board is mindful that needs will vary between the wards in each locality and also at sub-ward level.

Figure 3: Map of localities used within the pharmaceutical needs assessment



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3.3 Health needs

The *Local Government and the Public Involvement in Health Act 2007*⁽²³⁾ created the duty to undertake joint strategic needs assessment. From April 2008, this duty sat with local authorities and PCTs. The *Health and Social Care Act 2012*⁽¹⁾ transferred this duty, with effect from April 2013, to local authorities and CCGs to be exercised by the Health and Wellbeing Board.

This pharmaceutical needs assessment is directly aligned to the Sunderland joint strategic needs assessment⁽⁵⁾. The public health intelligence analyst and public health consultant identified the health needs for the PNA based on the content of the current JSNA and the council and CCG area priorities. The statement of health needs is presented in section 4 of this document.

3.4 Current provision

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. Initially this was based on information provided by the NHS England Sub Region, Sunderland CCG and Sunderland City Council's public health team.

The information was then validated using a questionnaire made available to all community pharmacies and appliance contractors. The survey was undertaken between 3rd August and 1st September 2017 and was subsequently extended until 29th September 2017. A total of 49 out of 68 community pharmacy contractors responded, which was a response rate of 72%.

In relation to the contractors who did not respond, only the information held by the local authority, based on information provided by the service commissioners has been used as part of the PNA.

3.5 Future provision

The questionnaire sent to all community pharmacies and appliance contractors also provided the opportunity for pharmacy contractors to comment on how community pharmacy could contribute to the strategic priorities set out in Sunderland's *Joint Health and Wellbeing Strategy*⁽⁴⁾ and Sunderland Health & Care System's *Operational Plan*⁽¹⁸⁾. Therefore only the views of those who responded to the survey have been taken into account.

This pharmaceutical needs assessment seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2), had regard to:

- The demography of Sunderland;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services within Sunderland;
- The different needs of the localities within Sunderland;
- The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Boards (i.e., South Tyneside, Gateshead and County Durham);
- Any other NHS services provided in or outside of Sunderland;
- Likely changes to the demography of Sunderland and/or the risks to the health or well-being of people of Sunderland.

The *Equality Act, 2010* ⁽²⁴⁾ requires that in making this assessment, the needs of different population groups have been taken into account. This final PNA has been subject to an equality impact assessment; this is included as Appendix 9.

3.6 Stakeholder engagement

During July and August 2017 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 through Sunderland City Council's consultation portal with survey title "[Using your local pharmacy](#)". The survey was promoted using social media and through the Sunderland City Council, HealthWatch Sunderland and Sunderland Local Pharmaceutical Committee websites. The engagement team also used paper hard copy versions of the same questionnaire at a range of engagement events over the same period.

In total, 462 survey responses were received and these have been considered as part of this pharmaceutical needs assessment. Section 10 of this document provides a summary of the analysis and outcomes of the public engagement.

3.7 Statutory consultation

In line with the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾, Sunderland Health and Wellbeing Board consulted for a minimum of 60 days with the following statutory consultees about the contents of this pharmaceutical needs assessment:

- The Local Pharmaceutical Committee;
- The Local Medical Committee;
- All those currently on the pharmaceutical list in the City;
- HealthWatch Sunderland, and through them with other patient, consumer or community groups with an interest in the issue;
- All NHS foundation trusts providing services in Sunderland;
- NHS England; and
- Health and Wellbeing Boards in South Tyneside, Gateshead and County Durham.

The formal consultation ran from 18th December 2017 to 16th February 2018. Notification will be sent directly to the statutory consultees, but responses from a wide range of agencies and individuals were encouraged and welcomed. To this

end, a copy of the consultation draft PNA, a plain English summary and a consultation questionnaire were made available through Sunderland City Council's consultation portal with survey title "[Sunderland PNA Statutory Consultation 2017](#)".

In total, 16 responses to the statutory consultation were received and these have been considered as part of this pharmaceutical needs assessment. Section 10.2 of this document provides a summary of the analysis and outcomes of the statutory consultation.

4. Health needs

4.1 Introduction

This section is based on the *Joint Strategic Needs Assessment (JSNA)* ⁽⁵⁾. It provides a summary of the health needs of Sunderland and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. The JSNA can be accessed at: <https://www.sunderland.gov.uk/article/13880/Joint-Strategic-Needs-Assessment>.

Although issues are separately identified for clarity, it is important to remember that pharmacies are ideally placed within communities to provide an integrated approach to the health needs of their local population. The impact of many of the wider determinants of health means that particular individuals, families and neighbourhoods tend to have multiple health issues that are best considered in a holistic way and services should reflect this approach wherever possible.

The JSNA is the process by which Sunderland City Council and Sunderland CCG, working in collaboration with partners and the wider community, identify the health and wellbeing needs of the local population. It provides an insight into current and future health, wellbeing and daily living needs of local people and informs the commissioning of services and interventions to improve health and wellbeing outcomes and reduce inequalities.

The findings of the JSNA are based on:

- Consideration of the JSNA topic summaries, which identify health, social care and well-being indicators, including the results of local Lifestyle Services.
- Comparison of our local population against regional and national averages and, in some cases, statistical neighbours which helps us to understand if a particular health issue is significant.
- A summary of local needs analysis that has been carried out, identification of effective interventions (what works) and any other rationale for action e.g., a National 'must do' or service users', carers' and public views.

4.2 Population profile and demography

The population of Sunderland had been falling over the past 20 years. However, this decline has recently levelled off and the population is forecast to rise over the next 20 years. In the early 1990s Sunderland's population was close to 300,000. It is currently 277,962 ^(data source 1) and is forecast to rise back up to 287,000 by 2038 ^(data source 2).

Compared to England, the population of Sunderland has a higher proportion of older people; 18.9% of the population is currently aged 65 years or over compared with 17.9% across England and 19.3% across the North East ^(data source 1). Older people use health and social care services more intensively than any other population group and so the absolute number of older people in Sunderland as well as the percentage of the total population has strong implications for the planning of health and care services.

Culture and ethnicity may influence health beliefs and behaviours, and may therefore impact on health and wellbeing. In the 2011 Census, the latest year for which data is available, 95.9% of the population of Sunderland classified themselves as White. People from black and minority ethnic (BME) groups now represent 4.1% of the Sunderland population, compared with 4.7% in the North East and 14.7% across England. For Sunderland, this represents an increase in the BME population from 1.9% to 4.1% between the 2001 Census ^(data source 3) and the 2011 Census ^(data source 4) with the population becoming more ethnically diverse.

The age distribution of people from black and minority ethnic groups is generally younger than the age distribution of people from white groups; there are higher proportions of all age groups up to and including the 30-39 age group and lower proportions of all age groups from the 40-44 age group upwards. Forecasts of population change over the next three years ^(data source 2) suggest that Sunderland will have:

- Annual inward migration of around 6,200 persons from elsewhere in England, around 300 from elsewhere in the United Kingdom and around 1,500 from the rest of the world; and
- Annual outward migration of around 7,000 persons to elsewhere in England, around 300 to elsewhere in the United Kingdom and around 500 to locations in the rest of the world.

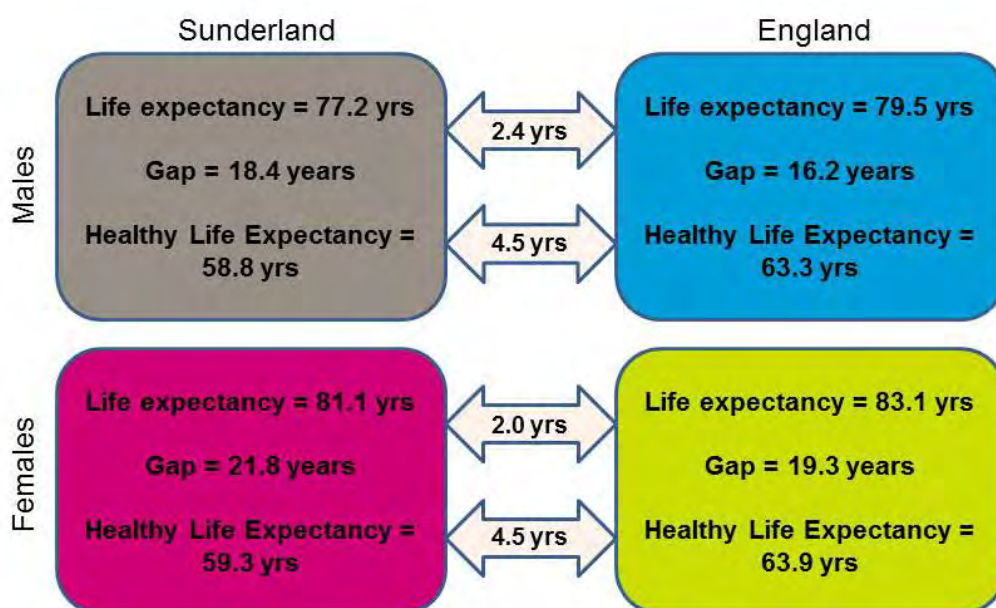
Overall, the balance of migration is predicted to be greater inward migration than outward migration. The different patterns between migrants from elsewhere in England, elsewhere in the United Kingdom and the rest of the world are likely to continue to increase the ethnic diversity of the population of Sunderland but not rapidly increase the size of the population.

4.3 Life expectancy

Life expectancy is rising over time, and so the absolute size of the older population, and the size in proportion to the population as a whole, will grow. In Sunderland, it is forecast that the number of older people aged 65 years and over will rise from around 52,500 in 2016 to 73,700 in 2038 – an increase of 40% ^(data source 2). The number of people in Sunderland aged 85 years and over, i.e., those with the greatest care needs, is forecast to rise from around 5,900 in 2016 to 12,600 in 2038 – an increase of 14% ^(data source 2). This forecast increase in the number of older people means that service commissioners will need to consider how the health and care needs of this growing section of the population will be met, both in terms of service capacity and workforce planning.

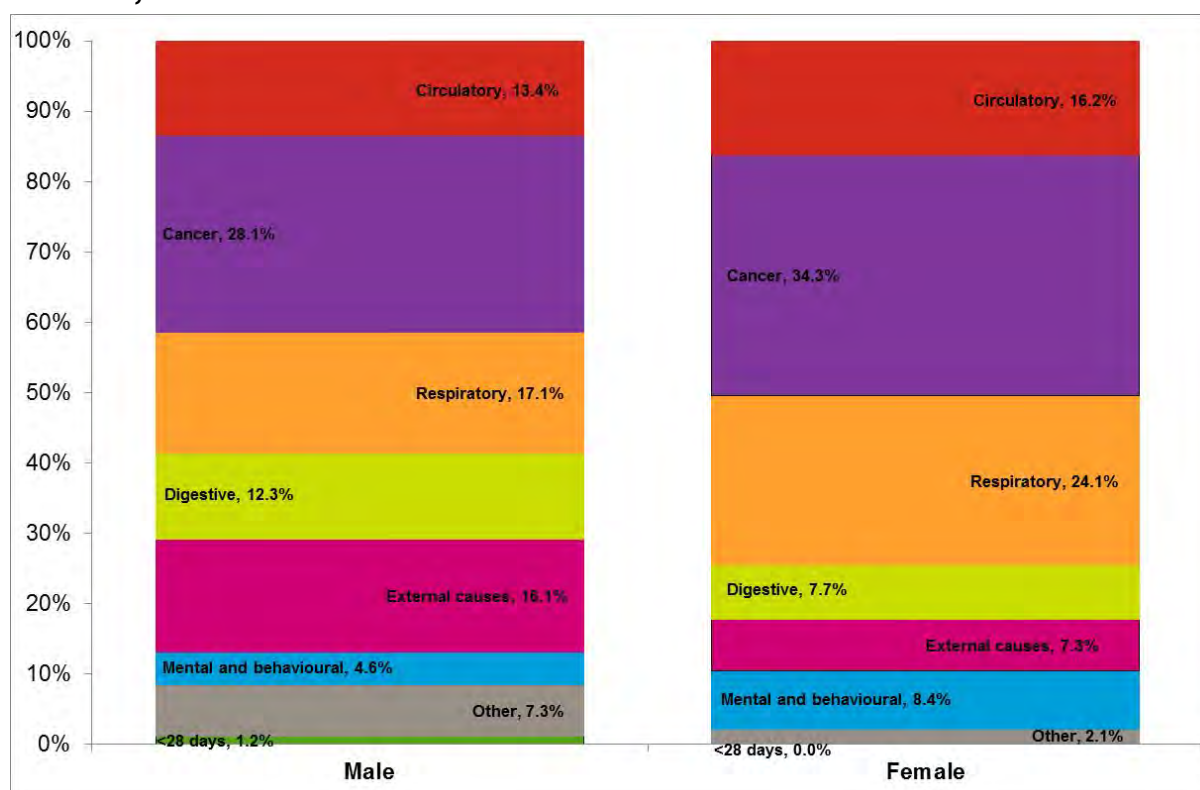
Whilst average life expectancy at birth has improved (with declines in deaths as a result of specific diseases), the city continues to lag behind the England position with an average life expectancy of 77.2 years for males and 81.1 years for females compared with 79.5 years and 83.1 years respectively for England ^(data source 5). Figure 2 shows that not only do the people of Sunderland live, on average, shorter lives than the England average, but they also live, on average, a greater part of their lives with illness or disability which limits their daily activities.

Figure 4: Gaps in Life Expectancy and Healthy Life Expectancy, Sunderland compared to England, 2014-2016



Data Source 5: [Health state life expectancy at birth and at age 65 by local areas, UK 2014-2016](#).
Office for National Statistics: December 2017.

Figure 5: Gaps in Life Expectancy between Sunderland and England, by cause of death, 2012-2014



Data Source 6: [The Segment Tool - Segmenting Life Expectancy Gaps by Cause of Death](#) (May 2016 Update), Public Health England

Based on recently published data ^(data source 6), around 69% of the life expectancy gap between Sunderland and England is due to higher rates of mortality from cardiovascular diseases (mainly coronary heart disease), cancers (mainly lung cancer) and respiratory diseases (particularly chronic obstructive airways disease); smoking is a key contributory risk factor that will impact on all three of these causes.

Health inequalities within Sunderland result in significant variations in mortality and life expectancy at birth between wards. For males, the gap in life expectancy at birth is around 11 years – Hendon 71.2 years compared to Fulwell 82.5 years. For females, the gap in life expectancy at birth is around 8 years - Hendon 77.3 years compared to Fulwell 85.4 years ^(data sources 7 & 8).

4.4 Deprivation

There is a substantial amount of evidence which shows that people living in the most deprived areas have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

The Index of Multiple Deprivation 2015 (IMD2015) measures socioeconomic disadvantage across seven domains:

- income;
- employment;
- health;
- education;
- barriers to housing and services;
- crime, and;
- living environment.

The overall IMD2015 is a weighted average of the indices for the seven domains. Levels of deprivation remain high within Sunderland. Seventy one of Sunderland's 185 Lower Super Output Areas (LSOAs) are among the most disadvantaged fifth of all areas across England, and 38% of the Sunderland population lives within these super output areas ^(data source 9).

4.5 Lifestyle factors affecting health outcomes

4.5.1 Smoking

Smoking remains the greatest contributor to premature death and disease across Sunderland. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

The proportion of adults that smoke in Sunderland fell between 2012 and 2016 from 23.8% to 18.0%, while in routine and manual groups smoking prevalence fell from 34.5% to 27.9% over the same period ^(data source 10). Smoking remains a key risk factor for lung cancer and deaths rates due to this disease are 54% higher in Sunderland than the England average ^(data source 11). Supporting people to give up

smoking will make a significant contribution to reducing health inequalities between Sunderland and England.

Rates of smoking are highest among adults aged 25-34 years, males, people from socially and economically disadvantaged communities, people in routine and manual occupational groups, and those who have never worked or are long term unemployed ^(data source 12). At ward level, the highest prevalence of smoking can be found in Redhill, Pallion, Hendon, Southwick, St. Anne's and Millfield ^(data source 12).

Smoking during pregnancy remains high. According to 2016/17 figures, 487 women in Sunderland were recorded as smokers at the time they gave birth; this equates to 17.1% of pregnant women compared to the England average of 10.5% ^(data source 13). Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%.

One in thirteen smokers (8.0%) in Sunderland now access NHS Stop Smoking Services each year ^(data sources 10 & 14). In 2016/17, 48% of people setting a quit date had successfully quit at four weeks ^(data source 14). NHS Stop Smoking Services have successfully targeted routine and manual occupational groups, those who have never worked, and people who are long term unemployed among which the proportion of adults that smoke is highest. Males, young adults (aged 18-24 years) and people from ethnic minorities are under-represented among Stop Smoking Service users.

4.5.2 Alcohol

Alcohol use is another major lifestyle risk factor. Alcohol misuse is a major problem within Sunderland in terms of health, social and economic consequences which affect a wide cross section of the city at a considerable cost.

The proportion of Sunderland adults aged 18 years and over that drink alcohol is 66.4% ^(data source 12). Men are more likely to drink alcohol than women. Men aged 45-64 and women aged 35-54 are most likely to drink alcohol. There is also a socio-economic gradient with adults in managerial and professional occupations being most likely to drink alcohol and those who have never worked or who are long term unemployed being least likely to drink alcohol ^(data source 12).

Overall, 33.6% of adults are abstinent, 44.8% of adults are lower risk drinkers (i.e., they drink up to 14 units of alcohol per week), 16.7% of adults are increasing risk drinkers (i.e., they drink more than 14 units and up to 35 units of alcohol per week), and 5.0% of adults are higher risk drinkers (i.e., they drink in excess of 35 units of alcohol per week) ^(data source 12). In Sunderland 21.6% of adults are exceeding the current recommended safe limits for alcohol consumption ^(data source 12). At ward level, the highest rates of drinking above the recommended safe limits are seen in Washington South, Washington East, St Michael's and St Chad's ^(data source 12).

Additionally, 26.3% of adults binge drink (i.e., they drink more than 6 units of alcohol on their heaviest drinking day in a typical week) ^(data source 12). Men are more likely to binge drink than women. Contrary to the commonly portrayed image, binge drinking is not confined to young adults; in Sunderland men aged 35-64 and women aged 35-54 are most likely to binge drink ^(data source 12). At ward level, the highest rates of binge drinking are seen in Washington West, Ryhope, Washington East and Fulwell ^(data source 12).

The historic trend of rising levels of alcohol related hospital admissions for both males and females in the city has re-established, following a short period of decline between 2010/11 and 2013/14. Provisional data for 2016/17, suggests that there were 2,672 admissions for alcohol related harm (narrow definition) giving a rate of 984 admissions per 100,000 population which is significantly above the England average of 645 admissions per 100,000 population ^(data source 15). Between 2013/14 and 2015/16 there were 188 admissions to hospital (around 5 each month) in children aged under 18 that were wholly attributable to alcohol; this gives a rate of 115 per 100,000 persons aged under 18 and is significantly above the England rate of 37 per 100,000 persons aged under 18 ^(data source 16).

4.5.3 Substance misuse

Drug addiction leads to significant crime, health and social costs. Evidence-based drug treatment can reduce these and deliver real savings, particularly in relation to crime, but also in savings to the NHS through health improvements, reduced drug-related deaths and lower levels of blood-borne disease.

Estimates of the prevalence of opiate and crack cocaine produced in 2014/15 ^(data source 17) suggest that Sunderland has:

- Prevalence of 7.5 per 1,000 population aged 15-64 opiate and/or crack cocaine users or an estimate of 1,353 people, compared to an England rate of 8.6 per 1,000;
- 7.1 per 1,000 population aged 15-64 opiate users or an estimate of 1,281 people, compared to an England rate of 7.3 per 1,000;
- 2.5 per 1,000 population aged 15-64 crack users or an estimate of 452 people, compared to an England rate of 5.2 per 1,000;

Compared with previous prevalence estimates produced in 2011/12, the rate of opiate and/or crack cocaine users and the rate of opiate users have increased in Sunderland. The rate of crack cocaine users has decreased. Rates of use are higher in males than females and higher in the 25-34 years age band than the 15-24 years and 35-64 years age bands ^(data source 17).

When engaged in effective treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes. In 2016/2017 there were 1,249 adults in effective drug treatment. During this time 555 adults started a new treatment journey, 89% of which were retained in treatment for at least 12 weeks or successfully completed treatment ^(data source 18).

4.5.4 Obesity

In Sunderland, 29% of adults are classed as obese and a further 41% were classed as overweight; this is higher than the England prevalence of 24% obese and 40% overweight ^(data source 19). Men are more likely than women to be overweight and obese ^(data source 12). Men aged 65-74 and women aged 55-64 were most likely to be overweight; men and women aged 55-64 were most likely to be obese ^(data source 12). Persons from routine and manual groups were most likely to be overweight, whilst persons in intermediate occupations were most likely to be obese ^(data source 12). At ward level, the highest prevalence of obesity is seen in Hetton, Castle, Redhill, Washington North and Ryhope ^(data source 12).

The latest data from the National Childhood Measurement Programme for the school year 2015/16 ^(data source 20) shows that in Sunderland:

- 11% of Reception class children were obese compared to 9% for England;
- 24% of Year 6 children were obese, compared to 20% for England;
- 13% of Reception class children were recorded with excess weight, compared to 13% for England;
- 16% of Year 6 children were recorded with excess weight, compared to 14% for England.

Based on data for 2013/14 to 2015/16, no wards had measured obesity prevalence for Reception class children that was significantly higher than the Sunderland average rate; the wards with the highest rates were Hendon, Sandhill and Southwick ^(data source 21). Based on data for 2013/14 to 2015/16, only Pallion ward had measured obesity prevalence for Year 6 children that was significantly higher than the Sunderland average rate; the wards with the highest rates were Pallion, Redhill and Sandhill ^(data source 21).

The underlying causes of obesity are the ready availability of high calorie food, more sedentary lifestyles caused by a reduction in activity and manual labour, and greater use of the car as a means of transport. Obesity is associated with a range of health problems including Type 2 Diabetes, cardiovascular disease and cancer.

Obesity places a burden on the healthcare system. In 2015/16, there were 320 admissions to hospital where the main reason for admission was recorded as obesity. The rate of admissions, at 117 per 100,000 population is the highest in the country and is significantly higher than the England average of 19 per 100,000 ^(data source 22). It should be noted that the North East region has significantly higher admission rates than the rest of the country and that City Hospitals Sunderland NHS Foundation Trust hosts the regional centre for bariatric surgery and surgical weight management.

4.5.5 Sexual Health

Good sexual health is fundamental to general wellbeing and health; it is also an important public health issue. Poor sexual health imposes social, economic, emotional and health costs. Stark health inequalities exist within sexual health and key population groups can be identified for whom there are greater risks of

experiencing sexual ill health. These are as follows: young people; gay, bisexual or other men who have sex with men; black and minority ethnic groups; and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility. With the exception of gonorrhoea, the rate of diagnosis in Sunderland of most common sexually transmitted infections is similar to or below regional and national averages ^(data source 23).

Sunderland has relatively low rates of HIV diagnosis and a relatively high uptake of HIV testing in eligible persons attending specialist sexual health services. Despite this, 50% of all HIV diagnoses made for people from Sunderland are made late, when their immune system has already been damaged ^(data source 23).

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

4.5.6 Teenage pregnancy

In 2015, the rolling annual rate for under-18 conceptions in England was 20.8 per 1,000 females aged 15-17, compared to 28.0 in the North East and 34.6 per 1,000 in Sunderland ^(data source 24). This represents 155 conceptions in 2015 compared to 163 in 2014. The under-16 conception rate was 8.8 per 1,000 in 2013-15 compared to 9.5 per 1,000 in 2012-14 resulting in 113 conceptions compared to 127 for the same periods. However, compared to our statistical neighbours Sunderland remains one of the top 4 North East local authorities with the highest teenage pregnancy rates.

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas have the highest number of teenage maternities and are therefore disproportionately affected by the poorer outcomes associated with teenage parents. Data for 2013-2015 shows that in Sunderland there are 4 wards where teenage pregnancy rates remain significantly above the Sunderland average as follows: Redhill, Sandhill, Houghton and Castle ^(data source 25).

4.6 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. However, within Sunderland, cancer remains a significant cause of premature death and health inequalities. Cancer is the commonest cause of premature death in Sunderland with a death rate of 169 per 100,000 person aged under 75 in 2013-2015. The rate of premature mortality from cancer considered preventable is 103 per 100,000 population aged under 75 for the same period. Both rates are significantly higher than the England average, but not significantly different from the regional average ^(data source 26).

Collectively, cancers account for 28% of the gap between Sunderland and England for male life expectancy and 34% of the gap between Sunderland and England for female life expectancy ^(data source 6).

Evidence from the Centre for Cancer Prevention at Queen Mary University of London and Cancer Research UK suggested that 42% of cancers (45% in males and 40% in females) that occurred in 2010 were linked to a range of major lifestyle and other factors as follows ^(data source 27):

- Smoking (19.4%)
- Being overweight or obese (5.5%)
- Diet low in fruit and vegetables (4.7%)
- Drinking alcohol (4.0%)
- Occupational exposures (3.7%)
- Exposure to UV radiation (3.5%)
- Infection (3.1%)
- Diet including red and processed meat (2.7%)
- Exposure to ionising radiation (1.8%)
- Diet low in fibre (1.5%)
- Physical activity (1.0%)
- Not Breastfeeding (0.9%)
- Diet high in salt (0.5%)
- Post-menopausal hormones (0.5%)

As cancers are caused by multiple factors acting simultaneously, the same cancers can be attributed to more than one cause and therefore summing the impacts of all lifestyle and other factors would overestimate the total burden of cancer. In order to prevent cancer, it is therefore likely that intervening across multiple risk factors will be required.

Since combinations of factors are linked to different cancers, different proportions of different cancers are preventable. The proportion of preventable cases is high for cervical cancer (due to the link with human papilloma virus (HPV) infection), oesophageal and lung cancers (due to the link with smoking), and malignant melanoma (due to the link with ultra-violet (UV) radiation from sunlight and sunbeds). Many of the most common cancers have a large proportion of preventable cases. Prostate cancer is a notable exception because it is not clearly linked to any preventable risk factors.

4.7 Long term conditions

A long term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The prevalence of long term conditions increases with age and the proportion of the population with multiple long term conditions also increases with age. People from lower socio economic groups have increased risk of developing a long term condition; better management can help to reduce health inequalities ^(data source 28).

People with long term conditions are intensive users of health and social care services, including community services, urgent and emergency care and acute services. They account for ^(data source 28).

- 50% of all GP appointments;
- 64% of outpatient appointments;
- 70% of all inpatient bed days;
- Around 70% of the total health and care spend in England.

For all of the conditions listed below, the identification of patients who already have or who are at risk of developing disease and successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health. Information about how well the Sunderland health system delivers against the evidence based standards of care for these conditions can be found in a range of disease profiles ^(data sources 29-33).

4.7.1 Cardiovascular disease

Cardiovascular disease (CVD) covers a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease, and is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment. However, within Sunderland, cardiovascular disease remains a significant cause of premature death and health inequalities. Cardiovascular disease is the second commonest cause of premature death in Sunderland with a death rate of 90 per 100,000 persons aged under 75 in 2013-2015. The rate of premature mortality from cardiovascular disease considered preventable is 58 per 100,000 persons aged under 75 for the same period. Both rates are significantly higher than the England average, but not significantly different from the regional average ^(data source 34).

The recorded (diagnosed) prevalence for key cardiovascular long term conditions is higher for Sunderland than the England average as follows ^(data source 35).

- For coronary heart disease, recorded prevalence in Sunderland is 4.7% in 2016/17 (around 13,446 persons) compared to a prevalence of 3.2% in England;
- For stroke, recorded prevalence in Sunderland is 2.2% (around 6,174 persons) compared to a prevalence of 1.7% in England.

Prevalence estimates based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data sources 30 & 36).

- For coronary heart disease, 5.2% of the population or around 14,774 persons – this means that there could be around 1,328 persons in the population whose condition is undiagnosed.
- For stroke, 2.4% of the population or around 6,734 persons - this means that there could be around 560 persons in the population whose condition is undiagnosed.

4.7.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

The recorded (diagnosed) prevalence for hypertension is higher for Sunderland than the England average as follows ^(data source 35).

- For hypertension, recorded prevalence in Sunderland is 16.7% (around 47,139 persons) compared to a prevalence of 13.8% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data source 37).

- For hypertension, 26.9% of the population or around 76,429 persons – this means that there could be around 29,290 persons in the population whose condition is undiagnosed.

4.7.3 Atrial Fibrillation

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. It can affect adults of any age, but it becomes more common as you get older and is more common in people with hypertension, atherosclerosis or heart valve problems. People with atrial fibrillation are at risk of blood clots forming, they therefore have an increased risk of having a stroke. Persistent atrial fibrillation may weaken the heart and in extreme cases can lead to heart failure.

The recorded (diagnosed) prevalence for atrial fibrillation is higher for Sunderland than the England average as follows ^(data source 35).

- For atrial fibrillation, recorded prevalence in Sunderland is 2.1% (around 5,862 persons) compared to a prevalence of 1.8% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data source 38).

- For atrial fibrillation, 2.5% of the population or around 7,171 persons – this means that there could be around 1,309 persons in the population whose condition is undiagnosed.

4.7.4 Diabetes

Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity and lifestyle choices about diet and physical activity.

The recorded (diagnosed) prevalence for diabetes is higher for Sunderland than the England average as follows ^(data source 35).

- For diabetes, recorded prevalence in Sunderland is 7.0% (around 16,259 persons aged 17 and over) compared to a prevalence of 6.7% in England.

The prevalence estimate based on the published evidence suggests that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data source 39).

- For diabetes, 8.7% of the population or around 20,222 persons aged 17 and over – this means that there could be around 3,963 persons in the population whose condition is undiagnosed.

Recently, work undertaken to prepare for the procurement and implementation of Healthier You, the NHS Diabetes Prevention Programme, for Sunderland has identified patients with non-diabetic hyperglycaemia who are at high risk of developing type 2 diabetes.

The recorded prevalence of non-diabetic hyperglycaemia for Sunderland is as follows ^(data source 40).

- There are 20,615 known persons aged 18 and over with non-diabetic hyperglycaemia, giving a prevalence of 9.3%. Of these, 6,477 patients were identified within the last year. Prevalence for England is currently unknown.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data source 41).

- For non-diabetic hyperglycaemia, 11.1% of the population or around 24,709 persons aged 18 and over – this means that there could be around 4,094 persons in the population who have not been identified but who are at high risk of developing type 2 diabetes.

4.7.5 Chronic Kidney Disease

Chronic kidney disease is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age, and is more common in people from black and south Asian ethnic groups. Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long term use of some medicines or certain inherited conditions. People with chronic kidney disease are at increased risk of cardiovascular diseases.

The recorded (diagnosed) prevalence for chronic kidney disease is higher for Sunderland than the England average as follows ^(data source 35).

- For chronic kidney disease, recorded prevalence in Sunderland is 4.3% (around 9,911 persons aged 18 and over) compared to a prevalence of 4.1% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data source 42).

- For chronic kidney disease, 6.1% of the population or around 13,576 persons aged 18 and over – this means that there could be around 3,665 persons in the population whose condition is undiagnosed.

4.7.6 Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

Within Sunderland, respiratory diseases are a significant cause of premature death (death under 75 years) and health inequalities. Respiratory disease is a common cause of premature death in Sunderland with a death rate of 49 per 100,000 person aged under 75. The rate of premature mortality from respiratory disease considered preventable is 31 per 100,000 population aged under 75. Both rates are significantly higher than the England average and the regional average ^(data source 43).

The recorded (diagnosed) prevalence for COPD is higher for Sunderland than the England average as follows ^(data source 35).

- For COPD, recorded prevalence in Sunderland is 3.3% (around 9,496 persons) compared to a prevalence of 1.9% in England.

The prevalence estimate based on the published evidence suggests that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data source 36):

- For COPD, 4.3% of the population or around 12,189 persons – this means that there could be around 2,693 persons in the population whose condition is undiagnosed.

4.7.7 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day to day tasks.

The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.

There are different types of dementia; all of them are progressive and interfere with daily life. Alzheimer's disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future.

The recorded (diagnosed) prevalence for dementia is higher for Sunderland than the England average as follows ^(data source 35):

- For dementia, recorded prevalence in Sunderland is 0.9% (around 2,433 persons) compared to a prevalence of 0.8% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data source 44 & 45):

- For dementia, 1.2% of the population or around 3,525 persons (including 3,448 aged 65 and over and around 77 with early onset) – this means that there could be around 1,261 persons in the population whose condition is undiagnosed.

4.8 Mental health and learning disability

4.8.1 Mental Health and Mental Wellbeing

Mental health problems represent the largest single cause of disability in the UK and the cost to the economy is estimated at £105 billion a year ^(data source 46). One in four adults will experience at least one diagnosable mental health problem in any given year and one in ten children aged 5-16 have a diagnosable mental health problem. Mental health problems are widespread, at times disabling, and yet often hidden. They can affect people from all walks of life at any point in their lives, including children, teenagers, adults, new mothers and older people.

In recent years, there has been increasing recognition of the impact of mental illness on the population. Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of “parity of esteem”. This seeks to improve investment in mental health services to ensure that mental health and physical health are equally valued. At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the very real inequalities in health outcomes for people with mental health problems are being quantified. We know that people with long term physical illnesses suffer more complications if they also develop mental health problems.

As many of the risk factors for mental illness are linked to deprivation, it is not surprising that Sunderland experiences a relatively high burden from mental ill health, higher recorded prevalence of depression on GP systems, high levels of prescribing antidepressants, and a high burden on mortality.

People from Sunderland report poorer outcomes for aspects of the self-reported wellbeing score than the England average, although these are not statistically significant ^(data source 47).

- 23.6% report a high anxiety score, compared to 19.9% across England;
- 13.2% report a low happiness score, compared to 8.5% across England;
- 4.9% report a low satisfaction score compared to 4.5% across England
- Around 3% report a low worthwhile score (though this estimate may be unreliable due to sample size), compared to 3.6% across England.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which creates an overall score based on responses to 14 positively worded items, allows us to describe mental wellbeing in the general population. For each individual, scores are between 14 and 70 and a higher score represents better mental wellbeing. Average (mean) scores are used to compare the results of different groups.

The Sunderland adults aged 18 years and over, the average WEMWBS score is 52.7 ^(data source 12) compared to 51.6 for England ^(data source 48).

Within Sunderland, men have a higher average mental wellbeing score than women ^(data source 12). Men and women aged 25-34 have the lowest average mental wellbeing scores, whilst men and women aged 65-74 have the highest average mental wellbeing scores ^(data source 12). There is also a socio-economic gradient with adults in managerial and professional occupations having the highest average mental wellbeing scores and those who have never worked or who are long-term unemployed having the lowest average mental wellbeing scores ^(data source 12).

At ward level the highest average mental wellbeing scores are seen in St Peter's, Fulwell, Ryhope and Washington West, whilst lowest average mental wellbeing scores are seen in Southwick, Hetton, St Anne's and Hendon ^(data source 12).

4.8.2 Learning Disability

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex

information, learning new skills and coping independently. They are caused by something affecting how the brain develops.

Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities. Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

- Mental illness;
- Chronic health problems;
- Epilepsy;
- Physical disabilities and sensory impairments.

The recorded prevalence of learning disability for Sunderland is as follows ^(data source 35):

- For learning disabilities, recorded prevalence in Sunderland is 0.6% (around 1,816 persons) compared to a prevalence of 0.5% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland ^(data source 49):

- For learning disability, 1.9% of the population or around 5,273 persons (including 1096 whose learning disability is moderate or severe) – this means that there could be around 3,460 persons in the population whose condition is undiagnosed.

Based on local lifestyle data for Sunderland adults aged 18 years and over ^(data source 12), we can see that people with a learning disability:

- Are significantly more likely to smoke (26.7% compared to 15.9%);
- Are significantly less likely to drink alcohol (49.1% compared to 67.0%) and less likely to binge drink (20.0% compared to 26.5%);
- Are as likely to meet the recommended 30 minutes of moderate intensity physical activity at least five times a week (38.4% compared to 39.3%);
- Are less likely to eat the recommended 5 or more portions of fruit and vegetables each day (44.8% compared to 47.6%);
- Are significantly more likely to be of excess weight (74.8% compared to 58.0%); and
- Have significantly lower average mental wellbeing scores (44.3 compared to 52.9).

Based on their greater health needs, it is critical that people with a learning disability have full access to health and care services. They also need good medicines support as it is known that they can be over medicated ^(data source 50). NHS England has recently issued guidance to support planned supervised dose reduction and stopping of inappropriate psychotropic drugs (antipsychotics and antidepressants).

4.9 Health Protection issues

4.9.1 Seasonal 'flu

Immunisation programmes help to protect individuals and communities from particular diseases and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses.

Community pharmacies make a significant contribution to the seasonal 'flu immunisation campaign and continued support for this remains critical in protecting the population.

For the winter of 2016/17 ^(data source 51):

- 72.2% of persons aged 65 years and over were immunised compared to 70.5% across England; the national target expectation is 75%.
- 48.0% of persons aged under 65 years and at risk were immunised compared to 48.6% across England; the national target expectation is 55%.
- 41.4% of pregnant women were immunised compared to 44.9% across England; the national target expectation is 55%.
- There was significant variation between GP practices in uptake amongst those aged under 65 years and at risk ranging from 34.5 – 77.4%.
- 40.1% of children aged 2-4 years were immunised compared to 38.1% across England; the national target expectation is 40-65%.
- 59.8% of children in school years 1-3 were immunised compared to 55.4% across England; the national target expectation is 40-65%.
- In addition, 56.5% of children in school years 4-6 were immunised as Sunderland has been a pilot site for this programme since 2013/14.
- 77.2% of frontline health care workers at City Hospital Sunderland NHS Foundation Trust, 77.5% of frontline health care workers at South Tyneside Hospitals NHS Trust and 64.4% of frontline health care workers at Northumberland, Tyne and Wear NHS Foundation Trust were immunised against 'flu, compared to 63.2% across England; the national target expectation is 75%.

4.9.2 Antimicrobial resistance

Antimicrobial drugs are medicines that are active against a range of infections, such as those caused by bacteria (antibiotics), viruses (antivirals), fungi (antifungals) and parasites (antiparasitics). Antimicrobial resistance arises when the micro-organisms which cause infection survive exposure to a medicine that would normally kill them or stop their growth. This allows strains that are capable of surviving exposure to a particular drug to grow and spread, due to lack of competition from other strains. The result has been the emergence of 'superbugs' such as Methicillin-resistant

Staphylococcus aureus (MRSA) and drug-resistant tuberculosis, which are difficult or impossible to treat with existing medicines.

Whilst the development of such resistance is a natural biological process, overuse of antimicrobials coupled with the lack of development of new antimicrobial drugs has left the health system with significant challenges in managing infections including for those with compromised immune systems and those undergoing surgical procedures. Antibiotic resistance is posing a particular challenge for the NHS at the current time.

Sunderland has a higher level of antibiotic prescribing than the England average with an age/sex standardised ratio of 1.3 antibiotic items per prescribing unit, compared to a ratio of 1.05 across England ^(data source 52).

Community pharmacies can play an important role in promoting effective and efficient use of antibiotics by questioning inappropriate prescribing and in challenging public expectation and demand for antibiotics. In October 2017, Public Health England launched a campaign aimed at:

- Raising public awareness about the issue of antibiotic resistance and alerting them to the personal risks of inappropriate usage;
- Reducing public expectation for antibiotics, and thereby reducing demand, by increasing understanding amongst patients about why they might not be given antibiotics;
- Supporting healthcare professionals to facilitate change by boosting support for alternatives to prescriptions.

4.9.3 Blood borne viruses

Community pharmacies are a key part of Sunderland's recovery focused substance misuse treatment and harm reduction system. They can support the harm reduction agenda, aimed at preventing and reducing the spread of blood borne viruses such as Hepatitis B, Hepatitis C and HIV, through:

- Provision of needle and syringe schemes;
- Advice on safe injecting, and being alert to injecting related bacterial infections;
- Provision of sharps boxes and advice on how to safely dispose of needles and other drug paraphernalia;
- Advice and signposting to specialist substance misuse services for vaccination against Hepatitis B and testing and treatment, if required, for Hepatitis C;
- Advice and signposting to specialist sexual health services for testing and treatment, if required, for HIV.

Data for 2016/2017 from the substance misuse treatment system ^(data source 18) shows that in Sunderland:

- Only 11% of eligible service users were amenable to having hepatitis B vaccination, compared to 39% across England;
- Of those amenable to hepatitis B vaccination, only 25% completed the course;

- In contrast, 83% of those eligible for a hepatitis C test received one, compared to 83% across England.

4.10 Challenges by life stage

4.10.1 Children and young people

The *Joint Strategic Needs Assessment (JSNA)* ⁽⁵⁾ and the *Children and Young People's Plan* ⁽²⁵⁾ identified a range of broad priorities for children and young people linked to providing the best start in life. These include:

- Re-orienting services toward prevention, early identification and early help;
- Promoting healthy pregnancy, good attachment and sensitive parenting;
- Strong universal services that encourage physically healthy, happy and emotionally resilient children;
- Raising educational achievement and providing support to tackle attainment gaps;
- A focus on safety and safeguarding;
- Giving children and families a voice;
- Tackling child poverty.

Particular priorities for achieving the best start in life, where community pharmacies could make a contribution include:

- Supporting adults to stop smoking, with a particular emphasis on reducing the prevalence of smoking during pregnancy, and work to protect children from second hand smoke;
- Providing information, signposting and brief advice about alcohol use and misuse in order to reduce under-18 alcohol related hospital admissions;
- Promotion of breastfeeding and good early nutrition, including access to healthy start vitamins;
- Tackling childhood obesity with a focus on prevention;
- Prevention of teenage pregnancy and promotion of healthy sexual behaviours, through provision of contraception, screening for chlamydia and gonorrhoea, and sexual health promotion including promotion of the C-card scheme;
- Supporting increasing the uptake of childhood immunisations;
- Supporting emotional wellbeing and the development of resilience;
- Providing advice and guidance about preventing childhood injury.

4.10.2 Adults of working age

The JSNA ⁽⁵⁾ identified a range of broad priorities for working aged adults linked to working with communities and supporting everyone to contribute through a focus on the wider determinants of health. These include:

- Making Sunderland an attractive, safe and healthy place to live and work;
- Promoting good quality work and improving workforce health;
- Delivering an education and skills strategy that supports people to get ready for school, ready for life and ready for work;

- Promoting healthy pregnancy and sensitive parenting;
- Promoting understanding between communities and organisations;
- A focus on safeguarding.

Particular priorities supporting people to take responsibility for their own health and the health of others where community pharmacies could make a contribution include:

- Taking a holistic approach to tackling lifestyle issues within the Sunderland integrated wellness model, acting as Health Champions, and through the healthy living pharmacy programme;
- Providing evidence based interventions for stop smoking, sexual health, alcohol consumption, and drug misuse;
- Improving levels of awareness of cancer screening programmes and early signs and symptoms to improve the early detection of cancer;
- Supporting the diagnosis and management of long term conditions including through the new medicines service, medicines use reviews and signposting;
- Promoting self-care to support people to manage their own health conditions where appropriate and reduce the burden on GP and hospital services.
- Supporting increasing the uptake of key targeted adult immunisations such as 'flu and hepatitis B;
- Supporting the health system in its efforts to reduce inappropriate antibiotic prescribing.

4.10.3 Older people

The JSNA ⁽⁵⁾ identified a range of broad priorities for older people linked to supporting people to age well and live independently. These include:

- Promoting an accessible city;
- Improving the quality and affordability of housing, including winter warmth;
- Tackling isolation and loneliness;
- Promoting understanding between communities and organisations;
- Integrated health and social care;
- A focus on safeguarding;
- Tackling discrimination and promoting inclusivity.

Particular priorities supporting people with long-term conditions and supporting individuals and their families to recover from ill-health and crisis, where community pharmacies could make a contribution include:

- Supporting the diagnosis and management of long term conditions including through the new medicines service, medicines use reviews and signposting;
- Signposting local people to interventions aimed to reduce fuel poverty and improve winter warmth;
- Providing advice and support for people with dementia and their carers, including monitoring the use of antipsychotic drugs for people with dementia;
- Participating in interventions to support people with dependencies to live at home, especially those relating to medication compliance;
- Working with care homes to support medication compliance;

- Support for increasing the uptake of adult immunisations for influenza and pneumonia.

4.11 Summary of health needs analysis

4.11.1 Overview

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

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

Sunderland experiences higher levels of deprivation than the national average. Research by Durham University ⁽²⁶⁾ has shown that 89% of the population in England has access to a community pharmacy within a 20 minute walk and that there is greatest access in the most deprived areas. Community pharmacy is well-placed to provide pharmaceutical and public health services in the heart of deprived communities, and to work closely with integrated wellness services.

Unhealthy lifestyles remain a key cause for increased rates of premature death. Many people in Sunderland continue to follow unhealthy lifestyle behaviours when compared to England. This is directly linked to a range of social, economic and environmental factors.

In 2012, work by the Kings Fund ⁽²⁷⁾ examined how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four poor behaviours. Recent data from the Sunderland Adult Health and Lifestyle Survey ^(data source 12) shows that:

- 13.9% of adults aged 18 and over have none of these risk factors;
- 36.8% of adults aged 18 and over have one of these risk factors;
- 35.2% of adults aged 18 and over have two of these risk factors;
- 12.1% of adults aged 18 and over have three of these risk factors;
- 1.9% of adults aged 18 and over have all four of these risk factors.

The King's Fund report ⁽²⁷⁾ concluded that in order to improve the public health in lower socio-economic groups a holistic approach is needed encompassing multiple unhealthy behaviours. In response, Sunderland City Council commissioned an integrated wellness model - known locally as the Live Life Well service. This provides services for people with multiple unhealthy lifestyle behaviours, using an integrated and personalised approach. The service is underpinned by community participation and works with existing community assets, including community pharmacies and GP practices to improve health outcomes for the people of Sunderland.

A key challenge for the Sunderland health economy is the need to manage the high and increasing levels of long term conditions in the population, including increasing proportions of people with multiple long term conditions.

Preventing premature deaths due to cancer, cardiovascular disease and respiratory disease remains a priority for health partners across the City. This requires a targeted approach to reducing the gap in life expectancy. Current strategic plans ⁽¹⁷⁾ include a strong focus on identifying and managing long term conditions, including through self-care. There are currently programmes looking at hypertension, atrial fibrillation, diabetes treatment and diabetes prevention.

Large increases are predicted in the elderly, and particularly the very elderly, populations. This has significant implications for health care over the next five, ten and twenty years. Even if the general levels of health in these age groups continue to improve, the shape and structure of health services will need to change to meet the needs of this growing population.

Sunderland's population makes relatively high use of hospitals, with standardised rates of elective admissions that are 40% higher than the England average ^(data source 53) and standardised rates of emergency admissions that are 18% higher than the England average ^(data source 54).

Sunderland's Health & Care System *Strategic Plan* ⁽¹⁷⁾ identified the need for services to be good quality, safe and effective, but also sustainable and better integrated. Key work streams include:

- Stronger prevention and public health;
- Sustainable primary care services;
- A new model of out of hospital services;
- Transformed in hospital services.

4.11.2 Key health challenges

A summary of the high level health challenges for Sunderland is therefore as follows:

- Responding to changes to the population structure including fewer children and younger working age adults, more elderly people and increasing ethnic diversity.
- Tackling poverty through increasing employment and educational attainment.
- Addressing teenage pregnancy, smoking during pregnancy, breastfeeding, child obesity and the mental health of young people.
- Tackling the big four lifestyle risk factors – smoking, excessive alcohol use, poor diet and low levels of physical activity – including multiple unhealthy behaviours.
- Preventing early deaths from cancer, cardiovascular disease and respiratory disease.
- Tackling poor mental health through prevention and building individual and community resilience, including programmes targeted at children and young people.

- Managing the likely increase in the level of long term conditions, including increasing proportions of people with multiple long term conditions.
- Delivering better integrated care for individuals and reducing the over-reliance on hospital services, through promotion and support for self-care.
- Recognising and addressing the needs of people with poorer mental health and wellbeing.

5. Pharmacies

5.1 Overview

In Sunderland, there are currently 68 community pharmacies made up of 61 Non-exempt category pharmacies (including 3 dispensing appliance contractors), 2 distance selling pharmacy and five 100 hour pharmacies. There are no Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) and no dispensing doctors.

The latest available data indicates that there are 11,800 community pharmacies (including 112 dispensing appliance contractors) across England ^(data source 55). The England average number of community pharmacies is 21.4 per 100,000 population; this equates to one pharmacy per 4,684 population. With 68 pharmacies in Sunderland and a population of 277,962 ^(data source 1), the average number of community pharmacies is 24.5 per 100,000 population; this equates to one pharmacy per 4,088 population.

There has been an increase of 1 pharmacy since the last pharmaceutical needs assessment was undertaken; this is due to market entry by an exempt distance selling pharmacy.

Table 2: Number of community pharmacies, by type of pharmacy

Type of pharmacy	Number of community pharmacies		
	2011	2014	2017
Non-exempt Pharmacy	54	58	58
Non-exempt DAC	4	3	3
100 hour	2	5	5
Distance selling	1	1	2
ESPLPS	1	0	0
Dispensing Doctors	0	0	0
TOTAL	62	67	68

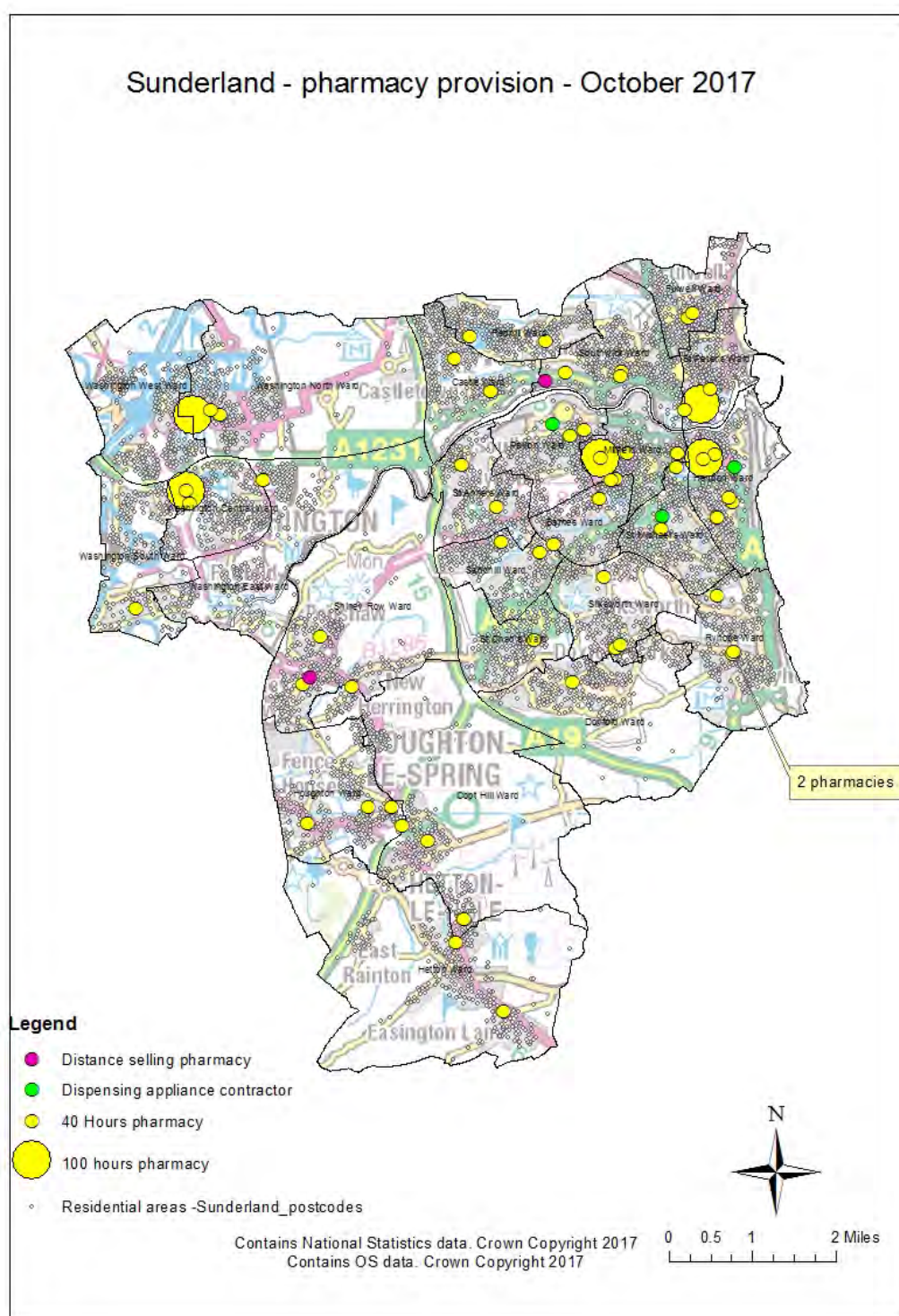
Data Source 55: Information on commissioned community pharmacy services for Sunderland. NHS England Sub Region, June 2017.

With effect from 13th June 2018, one of the five 100 hour pharmacies will close, leaving 67 community pharmacies made up of 61 Non-exempt category pharmacies (including 3 dispensing appliance contractors), 2 distance selling pharmacy and four 100 hour pharmacies.

Any organisation can commission services from community pharmacies. NHS England commissions 'pharmaceutical services' (see section 7), whilst local authorities and CCGs commission 'locally commissioned services' (see section 8).

Figure 6 shows the current provision of essential pharmaceutical services within the Sunderland local authority boundary.

Figure 6: location of essential pharmaceutical services within Sunderland, October 2017



Data Source 55: Information on commissioned community pharmacy services for Sunderland. NHS England Sub Region, June 2017.

A further map in Appendix 1 additionally shows the location of pharmacies over the border in South Tyneside, Gateshead and Durham which may provide services to residents of Sunderland. These maps will be continually updated and will be used in the determination of pharmacy applications.

5.2 100 hour pharmacies

Previous regulation 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 city. The new control of entry system came into force on 1st September 2012 whereby decisions on pharmacy contract applications are based on local pharmaceutical needs assessments. 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. There is currently no formal contractual mechanism for replacing them once lost from the market.

There are currently five 100 hour pharmacies within Sunderland; two located in Sunderland East (which includes the city centre), one in Sunderland North, and two in Washington (which includes the Galleries shopping centre). There are also a number of community pharmacies that provide extended hours which are detailed in section 6.5. During 2016/17, the 100 hour pharmacies dispensed 647,946 prescription items or 7.5% of items dispensed in Sunderland ^(data source 56).

It was with great regret that we learnt that Lloyds Pharmacy in Hendon, one of the 100 hour pharmacies, will close with effect from 13th June 2018. This will leave four 100 hour pharmacies within Sunderland: one located in Sunderland East (which includes the city centre), one in Sunderland North, and two in Washington (which includes the Galleries shopping centre).

Sunderland Health and Wellbeing Board considers that the 100 hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed. This is particularly important following the introduction of extended access to GP services across the City, consideration being given to additional hours of extended access, and the transformation of urgent care services. Findings from the survey of public views show that people in Sunderland think that community pharmacies should be open when GP surgeries are open.

Concerns have been expressed by our local pharmacy market about the ongoing financial viability of the 100 hour business model under the current funding arrangements. This is of significant concern to health partners across Sunderland.

5.3 Distance selling pharmacies

Distance selling pharmacies are required to deliver the full range of essential services, but the means of providing those services are such that all persons receiving them do so, otherwise, than at those premises.

There are two distance selling pharmacies in Sunderland situated in Shiney Row (Coalfields) and Southwick (Sunderland North) respectively. During 2016/17, the distance selling pharmacies dispensed 170,918 prescription items or 2.0% of items dispensed in Sunderland ^(data source 56).

5.4 Dispensing appliance contractors

Appliance contractors specialise in the supply of appliances, notably stoma and incontinence products as prescribed. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance, with the pharmaceutical regulations.

There are three appliance contractors in Sunderland situated in Hendon (Sunderland East), St Michael's (Sunderland East) and Pallion (Sunderland West). During 2016/17, the distance selling pharmacies dispensed 182,948 prescription items or 2.1% of items dispensed in Sunderland ^(data source 56).

5.5 Essential small pharmacies local pharmaceutical services (ESPLPS)

The *Local Pharmaceutical Services (Essential Small Pharmacies) (Amendment) (No 2) Directions 2010* ⁽²⁸⁾, came into force on 1 October, 2010, and extended the historic ESPLPS scheme until 2013. Under the scheme, pharmacies were required not to exceed a maximum dispensing level and not to relocate under the same terms. During 2014, Sunderland's only ESPLPS exercised the right to return to the pharmaceutical list and reverted to a non-exempt community pharmacy open for 40 hours. Sunderland therefore has no essential small pharmacies.

5.6 Dispensing Doctors

Dispensing doctors provide dispensing services to patients mainly in rural areas, and often where there are no community pharmacies or access to them is limited. There are no dispensing doctors within Sunderland.

5.7 Pharmacy Access Scheme (PhAs) Pharmacies

As part of the new funding settlement for community pharmacies, the Government introduced *the Pharmacy Access Scheme* (PhAS) ⁽⁷⁾. Its aim is to ensure that patient access to pharmaceutical services is protected in areas with greater health needs and where there are fewer pharmacies whilst core funding is reduced as part of the Government's austerity programme. The Scheme is limited to small or medium sized pharmacies that are a mile or more from another pharmacy; it is suggested that these community pharmacies are most important for patient access and that patient and public access would be materially affected should they close.

Appliance contractors, dispensing doctors, essential small pharmacies and distance selling pharmacies are all excluded from the Scheme. Should an eligible pharmacy permanently relocate, it would need to have its eligibility reassessed.

The following community pharmacies were identified by the Department of Health as being eligible for the Pharmacy Access Scheme:

- R Whitfield, Houghton-le-Spring, DH4 4DN (Coalfields);
- ASDA Pharmacy, Grangetown, SR2 9TT (Sunderland East);
- Lloyds Pharmacy, Barmston, NE38 8JF (Washington).

5.8 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Sunderland area that provide dispensing services to the registered population of Sunderland.

Data from the NHS Business Services Authority for 2014/15, 2015/16 and 2016/17 has been used to identify the number of prescription items from prescriptions written by Sunderland prescribers and dispensed both within and outside of the area ^(data source 56).

Table 3 shows that Sunderland prescribers write prescriptions for over 8 million prescription items each year, and that the number of items has been rising each year. Of these prescription items, around 95% are dispensed by Sunderland community pharmacies and the remaining 5% are dispensed by community pharmacies outside of Sunderland – mostly commonly in County Durham, Northumberland, South Tyneside or Newcastle. It is assumed that these pharmacies provide the full range of essential services.

Table 3: Prescription items prescribed by Sunderland prescribers by place dispensed, 2014/15 to 2016/17

Dispensed in	2014/15		2015/16		2016/17	
	Number	%	Number	%	Number	%
Sunderland	7,667,500	95.7	7,782,341	95.7	7,944,787	95.4
County Durham	188,927	2.4	194,691	2.4	211,091	2.5
Outside the North East	44,355	0.6	41,239	0.5	45,941	0.6
Northumberland	17,298	0.2	26,249	0.3	35,359	0.4
South Tyneside	59,270	0.7	40,487	0.5	32,971	0.4
Newcastle upon Tyne	16,310	0.2	21,764	0.3	31,629	0.4
Gateshead	18,216	0.2	21,555	0.3	19,491	0.2
North Tyneside	1,506	0.0	1,822	0.0	1,399	0.0
Hartlepool	362	0.0	1,995	0.0	734	0.0
Stockton-on-Tees	543	0.0	451	0.0	448	0.0
Darlington	382	0.0	270	0.0	275	0.0
Middlesbrough	241	0.0	181	0.0	206	0.0
Redcar and Cleveland	203	0.0	171	0.0	126	0.0
TOTAL	8,015,113	100.0	8,133,216	100.0	8,324,457	100.0

Data Source 56: [Practice Prescribing Dispensing Data](#), NHS Business Services Authority, July 2017

During 2016/17, a total of 8,685,868 prescription items were dispensed by Sunderland community pharmacies; this included 741,081 items prescribed by prescribers from outside Sunderland ^(data source 56).

6. Access to community pharmacies

6.1 Number, type of pharmacies and geographical distribution

Table 4: Distribution of community pharmacies, by locality

Sunderland Locality	Number of community pharmacies				
	Non-exempt Pharmacy	Non-exempt DAC	Distance selling	100 hour	TOTAL
Coalfields	11	0	1	0	12
East	15	2	0	2	19
North	12	0	1	1	14
West	14	1	0	0	15
Washington	6	0	0	2	8
SUNDERLAND	58	3	2	5	68

Data Source 55: Information on commissioned community pharmacy services for Sunderland. NHS England Sub Region, June 2017.

Table 4 shows the distribution of community pharmacies by locality.

Table 5: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality

Sunderland Locality	No of community pharmacies	Mid 2016 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Coalfields	12	47,346	25.3	3,946
East	19	57,123	33.3	3,006
North	14	55,157	25.4	3,940
West	15	63,315	23.7	4,221
Washington	8	55,021	14.5	6,878
SUNDERLAND	68	277,962	24.5	4,088
ENGLAND	11,810	55,268,067	21.4	4,680

Data Source 55: Information on commissioned community pharmacy services for Sunderland. NHS England Sub Region, June 2017.

Data source 57: [Ward Level Mid-Year Population Estimates \(Experimental Statistics\) for mid-2016](#). Office for National Statistics, October 2017.

Data source 58: [General Pharmaceutical Services, England 2007/08 to 2016/17](#). NHS Digital, November 2017.

Consideration of the number of pharmacies compared to the resident population, based on ONS 2016 mid-year population estimates for wards ^(data source 57) aggregated up to Sunderland localities is shown in Table 5. This shows that Sunderland is well serviced by community pharmacies, having a greater number of pharmacies per 100,000 population than the England average.

Sunderland East is particularly well served which allows for more patient choice and easier access. Whilst Washington has a smaller number of pharmacies per 100,000 population than the England average, it is well served by two 100 hour pharmacies.

Table 6: Average number of prescription items dispensed per pharmacy, by Sunderland locality, 2016/17

Sunderland Locality	No of community pharmacies	Number of prescription items dispensed by pharmacies	Average no. of prescription items dispensed per pharmacy
Coalfields	12	1,620,743	135,062
East	19	2,050,661	107,930
North	14	1,709,301	122,093
West	15	1,880,306	125,354
Washington	8	1,424,857	178,107
SUNDERLAND	68	8,685,868	127,733
ENGLAND	11,810	1,024,052,458	86,711

Data source 56: [Practice Prescribing Dispensing Data](#). NHS Business Services Authority, July 2017

Data source 58: [General Pharmaceutical Services, England 2007/08 to 2016/17](#). NHS Digital, November 2017.

To assess the average dispensing activity levels of Sunderland community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity ^(data source 56) was mapped to Sunderland localities using pharmacy codes and addresses.

This shows that, on average, community pharmacies in Sunderland dispensed around 127,700 prescription items per year during 2016/17 ^(data source 56) compared to an average of 86,700 for England ^(data source 58). In Sunderland East where the number of pharmacies per 100,000 population is greatest, each community pharmacy dispenses on average 107,900 prescription items per year, whereas in Washington where the number of pharmacies per 100,000 population is lowest, each community pharmacy dispenses on average 178,100 prescription items per year ^(data source 56).

After considering all the elements of the PNA, Sunderland Health and Wellbeing Board concludes that Sunderland has an adequate number of pharmacies to meet the needs of patients who require essential services such as dispensed medicines.

6.2 Access to pharmacies in areas of high population density

Figure 7: Access to pharmacies in areas of high population density in Sunderland

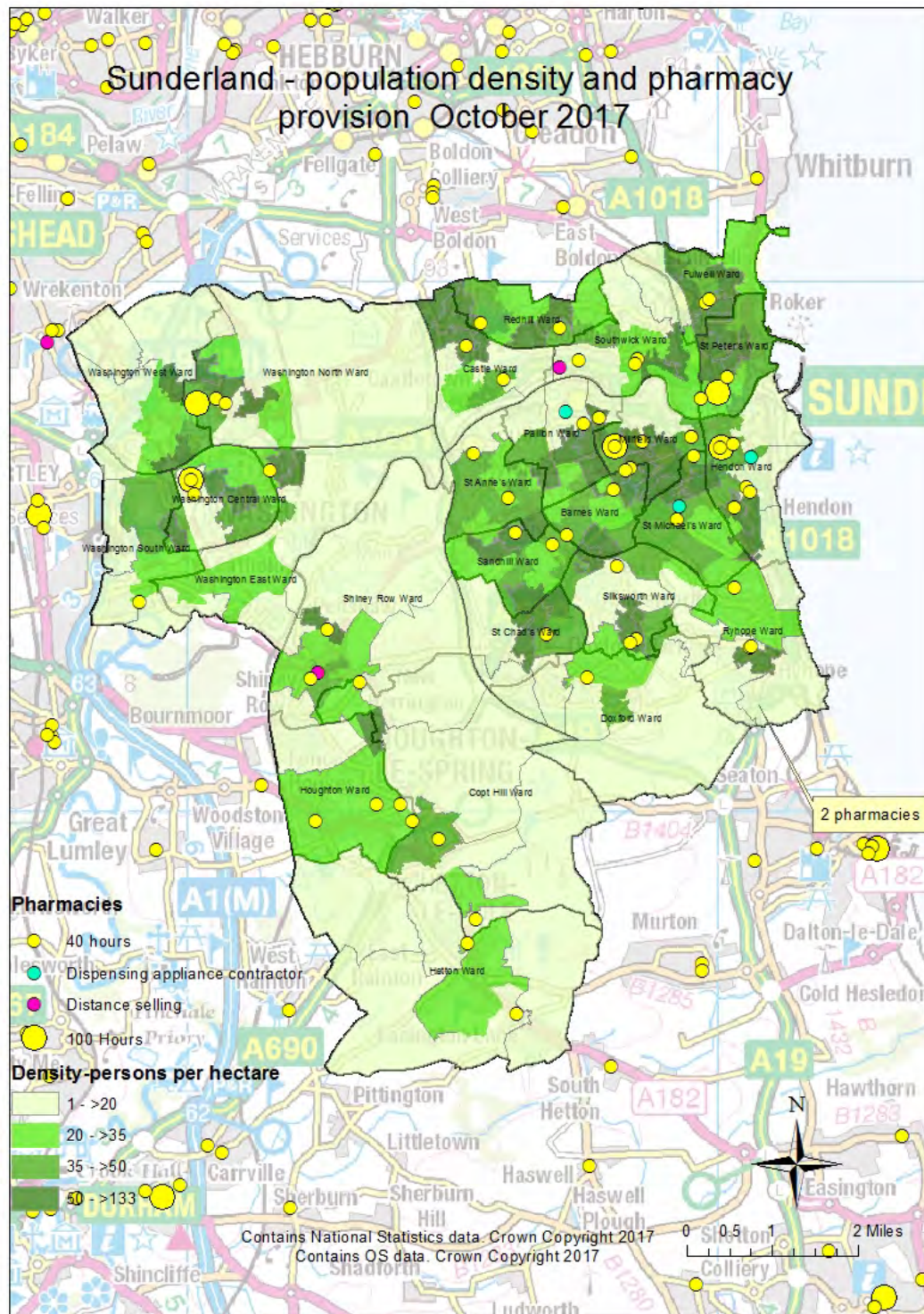


Figure 7 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas of high population density.

6.3 Access to pharmacies for elderly people

Figure 8: Access to pharmacies in areas with a high proportion of the population aged 65 years and over, in Sunderland

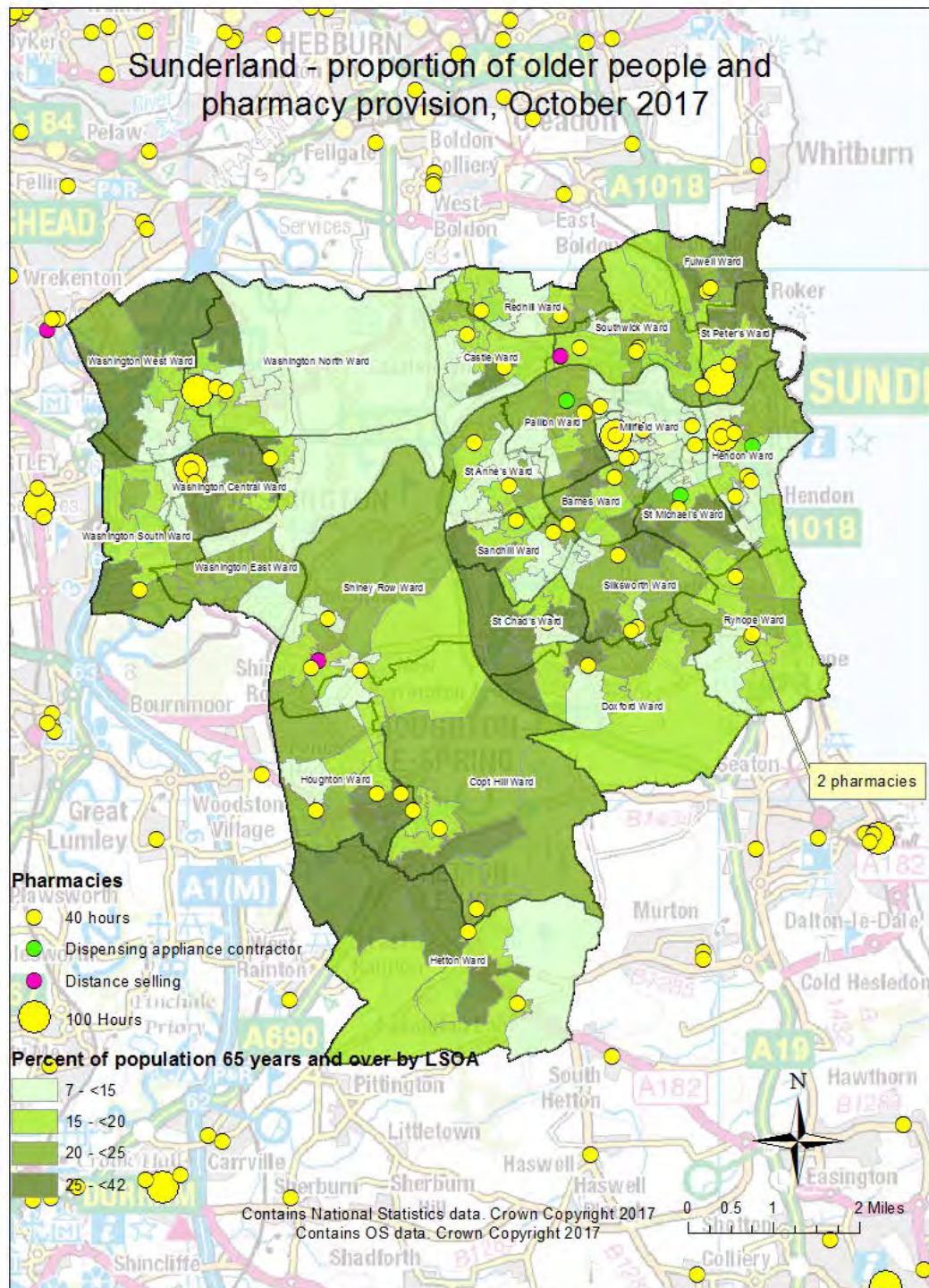


Figure 8 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas with a high proportion of the population aged 65 and over.

6.4 Access to pharmacies in areas of high deprivation

Figure 9: Access to pharmacies in areas with high levels of deprivation (based on the Index of Multiple Deprivation 2015), in Sunderland

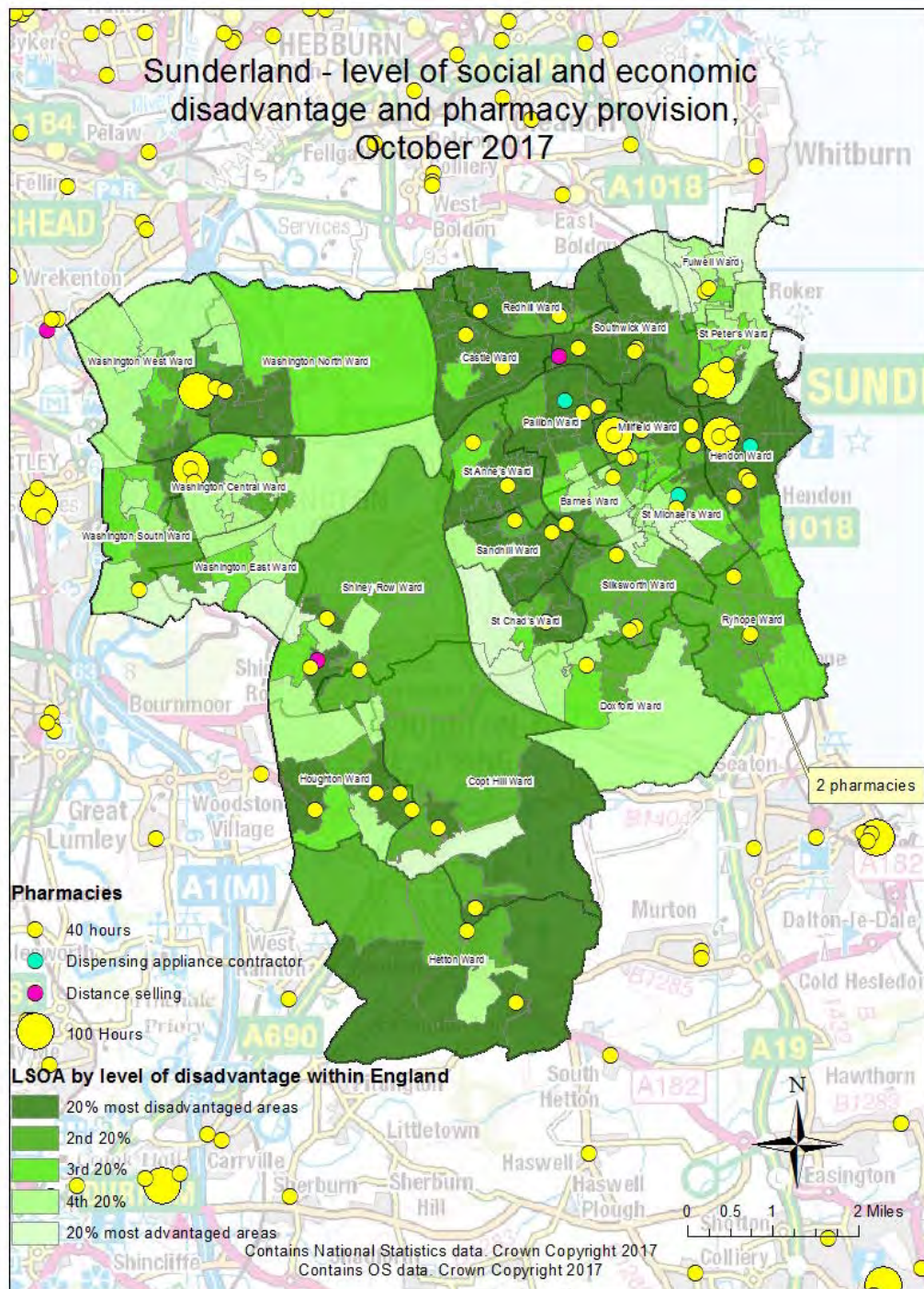


Figure 9 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas with the highest levels of deprivation. This is in line with research findings from Durham University⁽²⁶⁾ which concluded that, across England, 89% of the population in lived within a 20 minute walk of a community pharmacy. Furthermore, there is greatest access in the most deprived areas, where 99.8% of the population live within a 20 minute walk of a community pharmacy.

6.5 Access to pharmacies by opening hours

Core hours: Community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with NHS England. These core hours are provided as an 'essential' pharmacy service. There are five 100 hour pharmacies in Sunderland, opened under the previous exemption, and these pharmacies must be open for at least 100 hours per week as core hours. Dispensing appliance contractors are required to open for a minimum of 30 core hours per week.

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

Total hours: The cumulative number of hours the pharmacy is open for business including both core and supplementary hours.

In Sunderland, all appliance contractors and 80% of pharmacies are open for more than the core contract hours. Table 7 and the charts that follow illustrate how important supplementary hours are to the provision of good access to pharmaceutical services. There are five 100 hour pharmacies out of a total of 68 pharmacies in Sunderland which provide extended and out of hours cover for pharmaceutical services across the city; all five open on both Saturdays and Sundays. There are currently 33 pharmacies in Sunderland that are not 100 hour pharmacies that open on Saturdays and five pharmacies that are not 100 hour pharmacies that open on Sundays, responding to local population needs. None of the dispensing appliance contractors and neither of the distance selling pharmacies open on Saturdays or Sundays.

Table 7: distribution of the number of hours that pharmaceutical services are available each week in Sunderland, 2017 compared to 2014

	2014		2017	
Number of hours	Number	%	Number	%
Exactly 40 hours	13	19.4	9	13.2
More than 40 and up to 45 hours	17	25.4	17	25.0
More than 45 and up to 50 hours	16	23.9	22	32.4
More than 50 and up to 55 hours	9	13.4	6	8.8
More than 55 and up to 60 hours	4	6.0	4	5.9
More than 60 and up to 80 hours	1	1.5	2	2.9
More than 80 and less than 100 hours	2	3.0	3	4.4
Exactly 100 hours	5	7.5	5	7.4

Data Source 55: Information on commissioned community pharmacy services for Sunderland. NHS England Sub Region, June 2017.

Figures 10a to 10s on the following pages provide a summary of the opening hours of community pharmacies in Sunderland, split between week days and weekend provision. For the week days a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days.

Coalfields

Figure 10a: Monday-Friday (including distance selling)

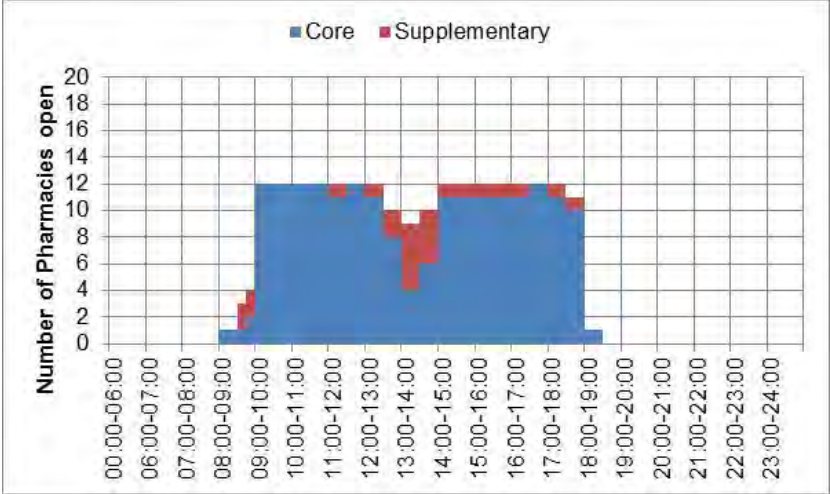


Figure 10b: Monday – Friday (excluding distance selling)

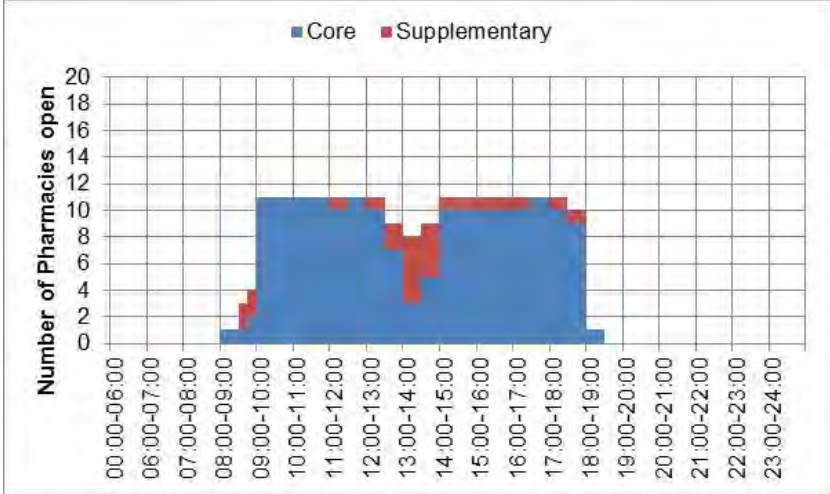


Figure 10c: Saturday

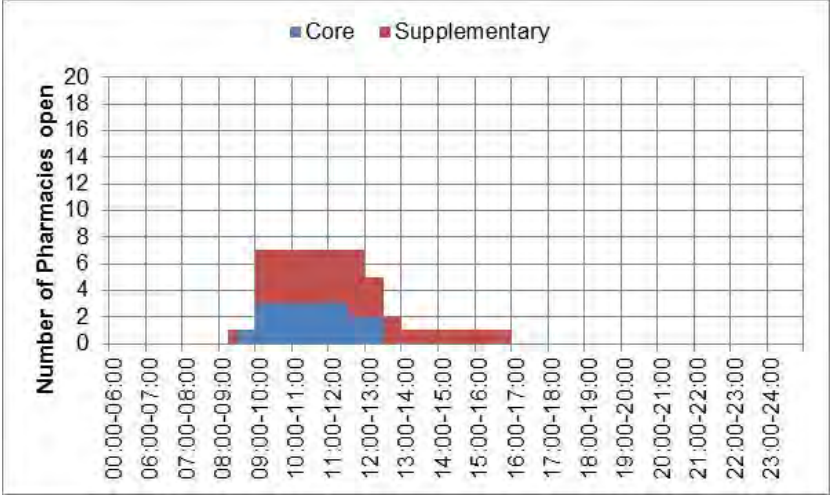
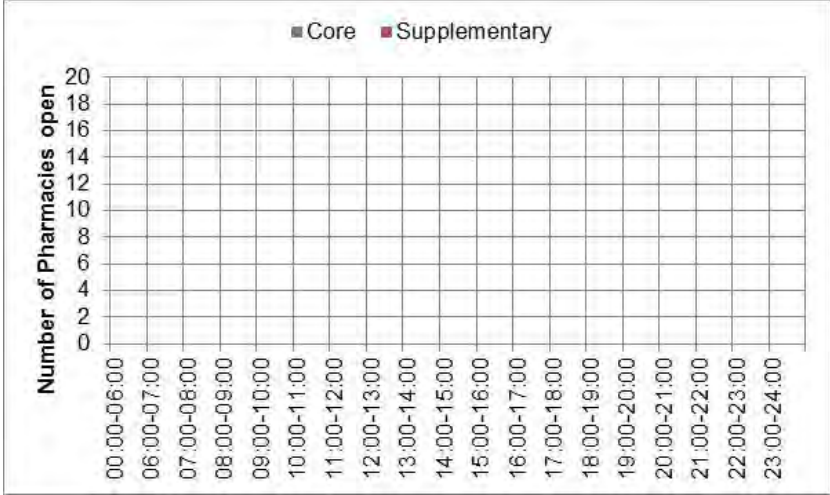


Figure 10d: Sunday



Sunderland East

Figure 10e - Monday-Friday (including appliance contractors)

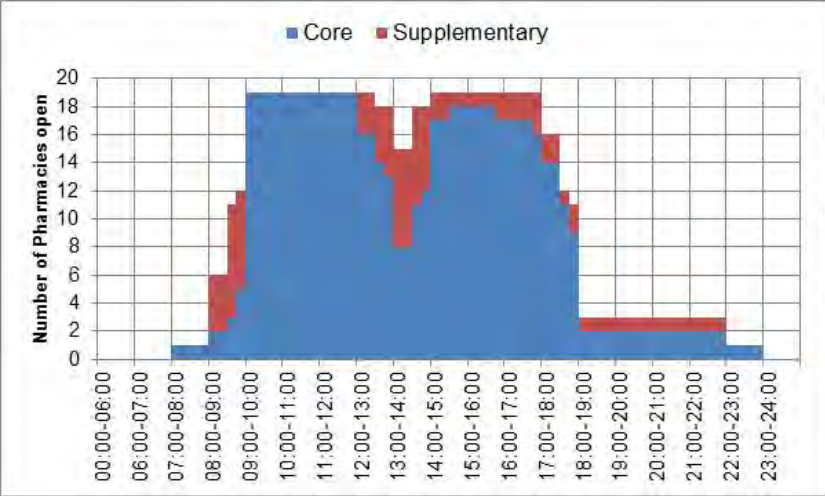


Figure 10g - Saturday

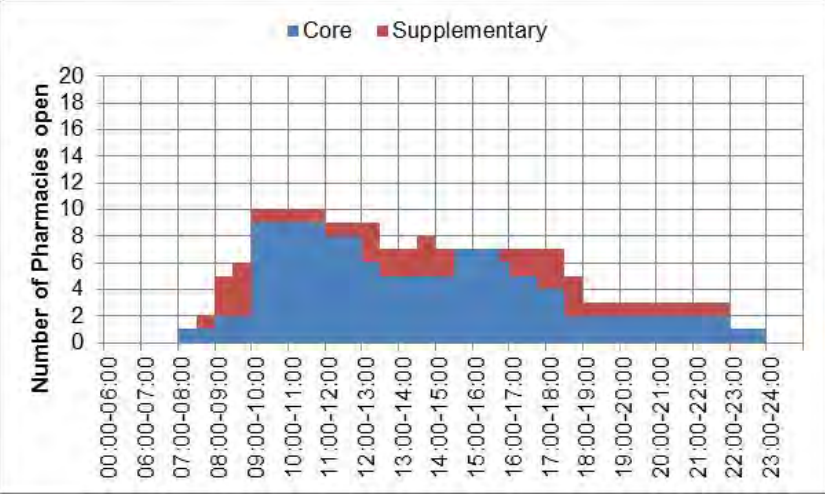


Figure 10f: Monday-Friday (excluding appliance contractors)

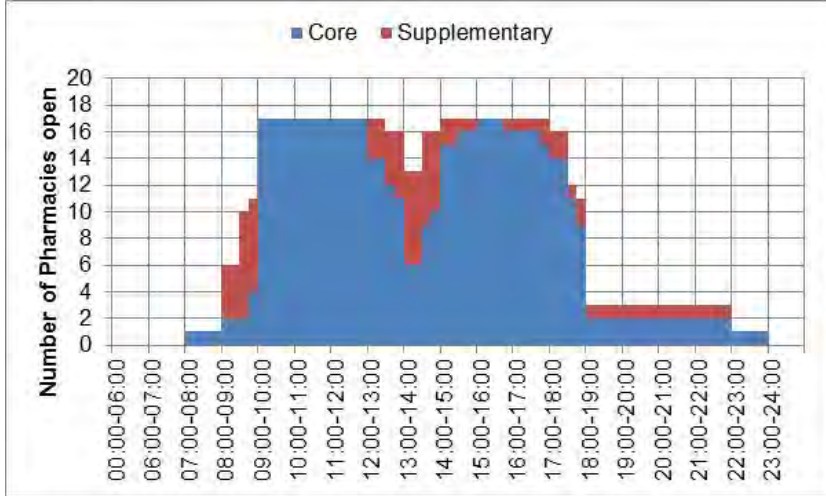
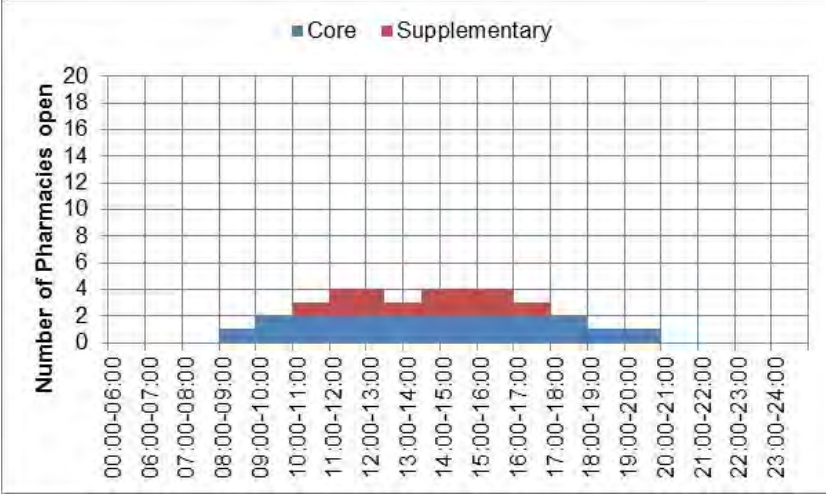


Figure 10h - Sunday



Sunderland North

Figure 10i: Monday-Friday (including distance selling)

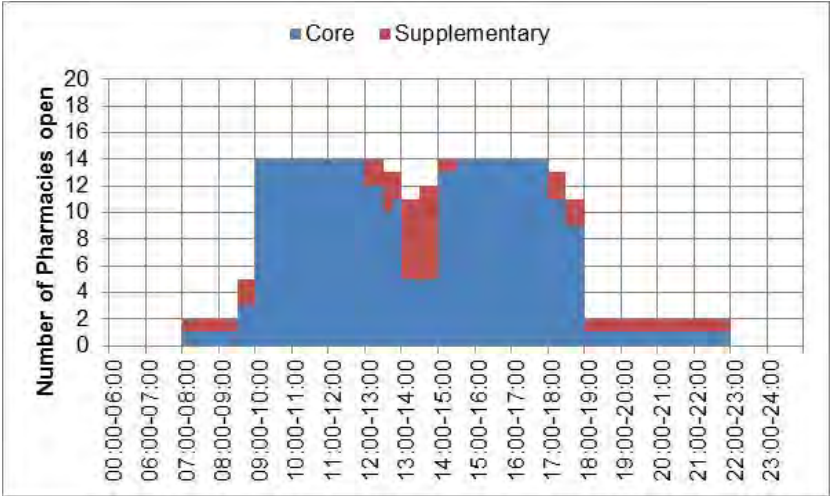


Figure 10j: Monday – Friday (excluding distance selling)

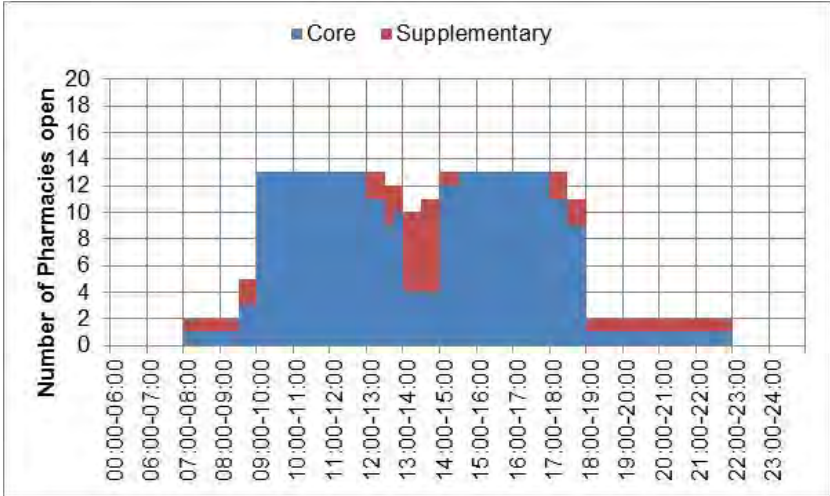


Figure 10k: Saturday

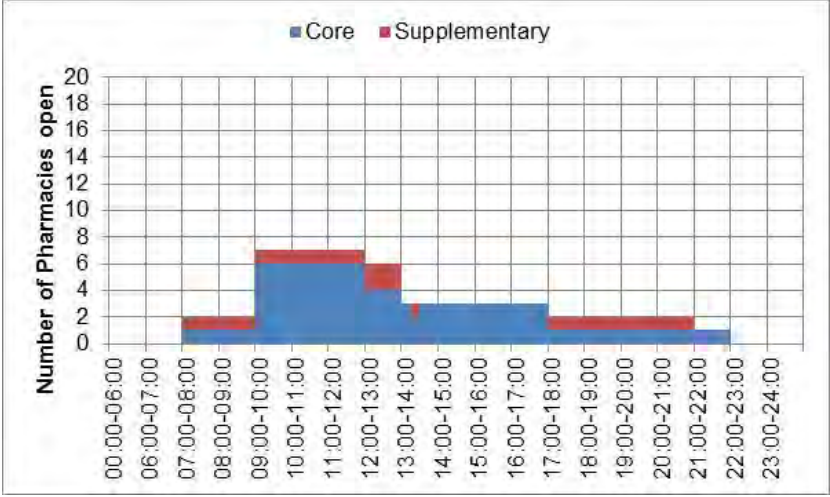
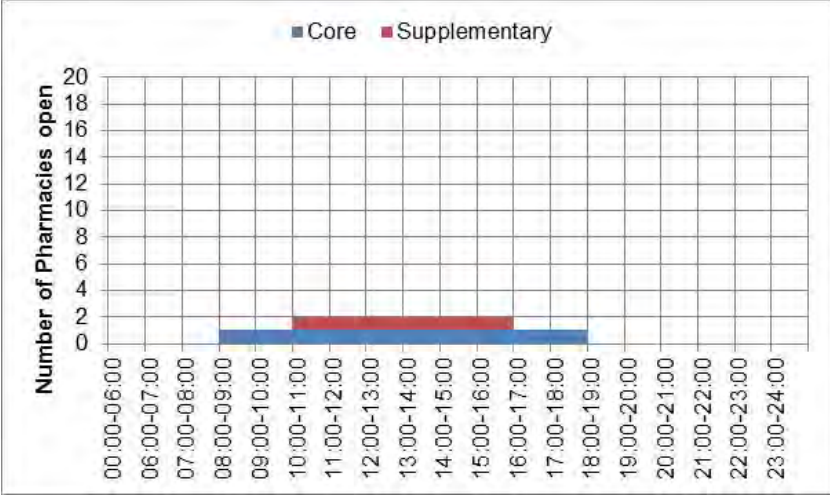


Figure 10l: Sunday



Sunderland West

Figure 10m: Monday-Friday (including appliance contractors)

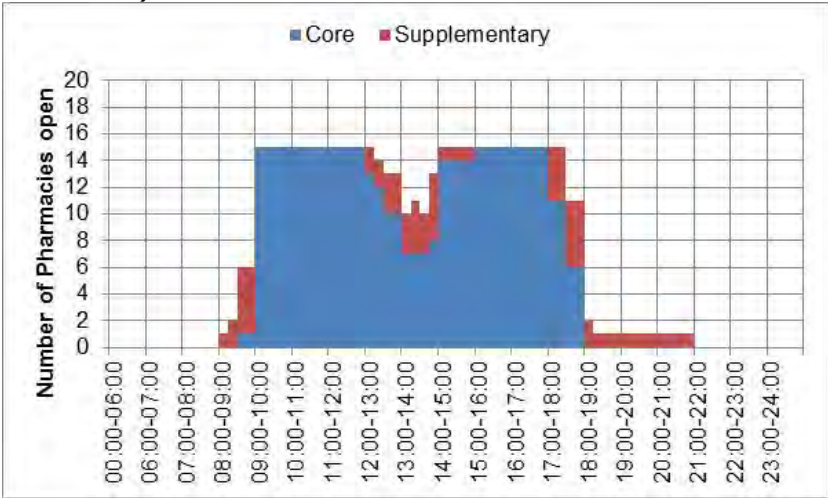


Figure 10n: Monday-Friday (excluding appliance contractors)

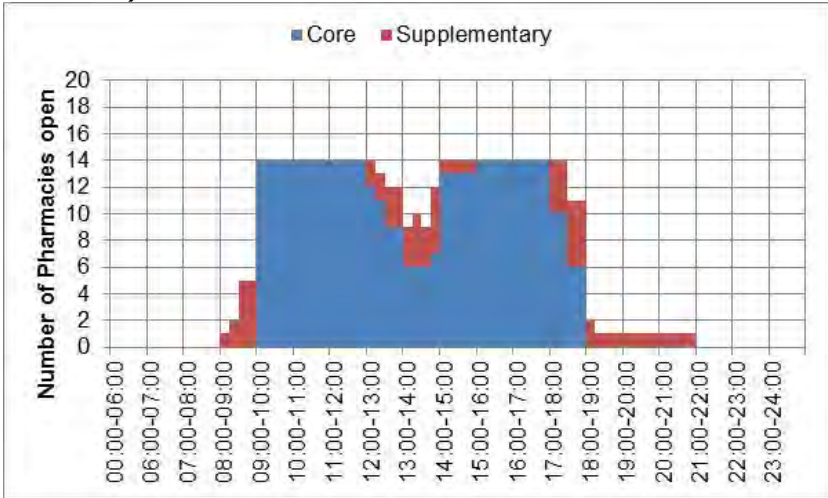


Figure 10o: Saturday

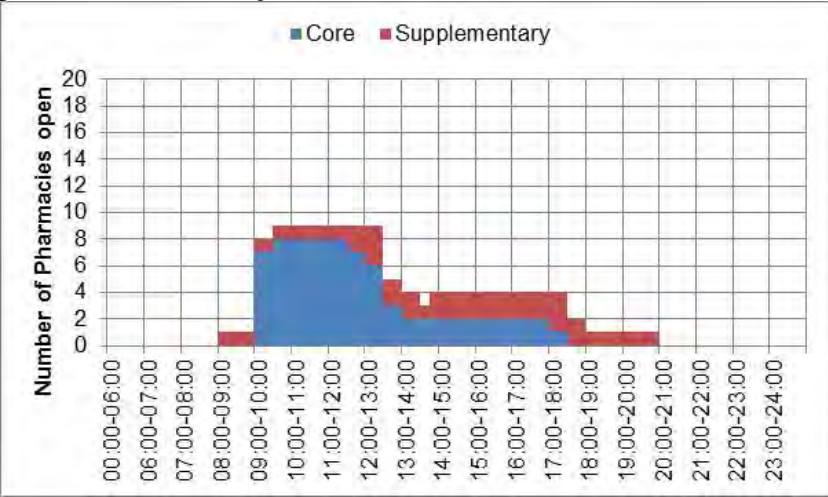
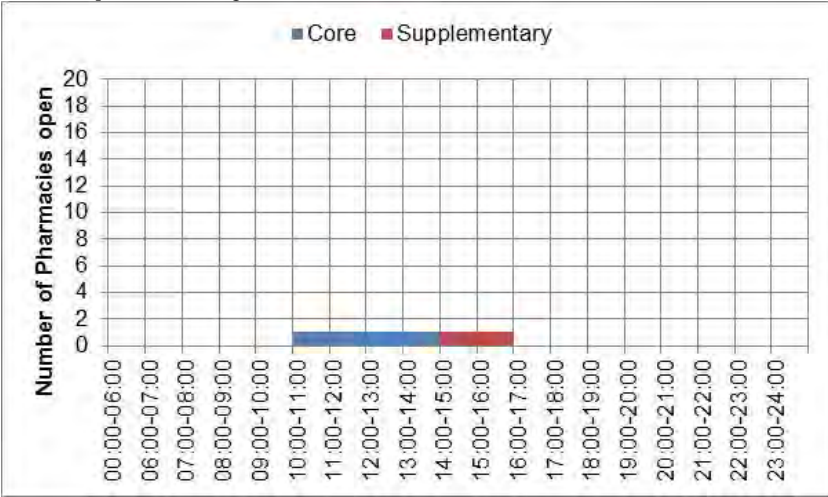
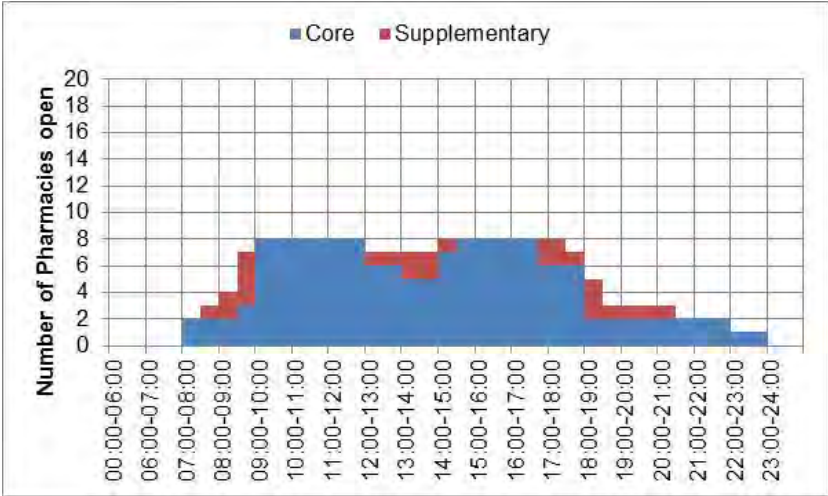


Figure 10p: Sunday



Washington

Figure 10q: Monday-Friday



There are no appliance contractors and no distance selling pharmacies in Washington.

Figure 10r: Saturday

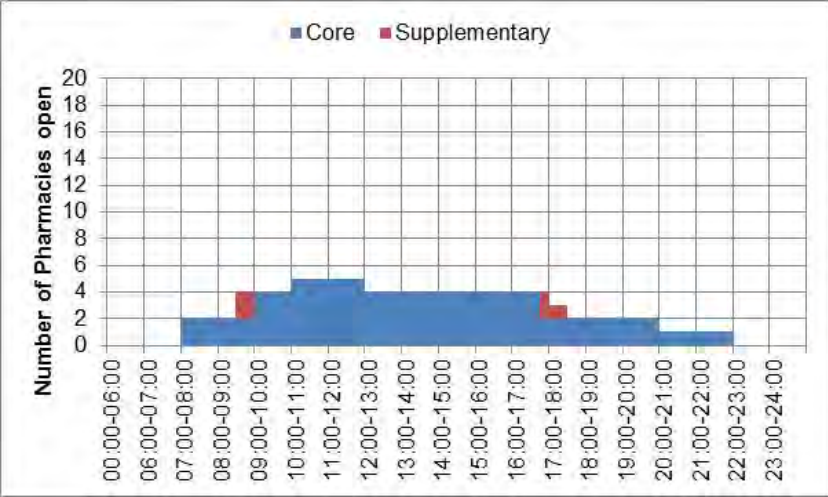
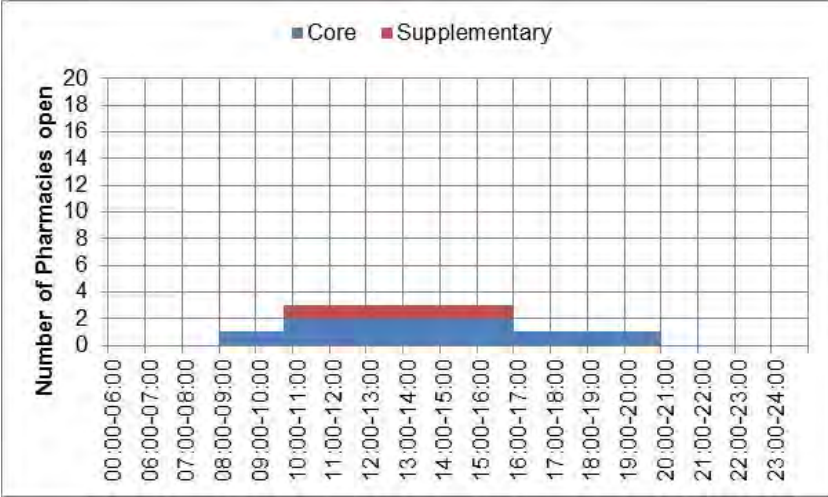


Figure 10s: Sunday



6.6 Ease of access to pharmacies

6.6.1 Weekday opening

Access to community pharmacy across Sunderland is well provided for during the hours from 9:00 am until 6:00 pm on weekdays in all localities. There is some provision on week day evenings in all localities, though this is limited in time within the Coalfields area (see Figures 10a and 10b) and is entirely reliant upon supplementary hours in the Sunderland West area (see Figures 10m and 10n).

The closure of Lloyds Pharmacy at Hendon from 13th June 2018 means that Sunderland is losing one of only two pharmacies that were open between 10.00 pm and 11.00 pm on weekdays. This leaves ASDA Pharmacy at Washington as the only pharmacy open at this time on weekday evenings.

6.6.2 Saturday opening

In total, 38 pharmacies across the city open on Saturdays. All of these pharmacies open on Saturday mornings, and there is access in all localities. Fewer pharmacies are open on Saturday afternoons, and choice and time are limited within the Coalfields area (see Figure 10c). Given that access within the Coalfields on Saturday afternoons is entirely reliant on supplementary hours, and the flexibility linked to supplementary hours, this suggests there has not been sufficient demand to justify longer opening. Whilst it is clear from the stakeholder engagement that those working Monday to Friday value weekend opening, no specific need for additional pharmacies to open on Saturday afternoons was identified.

The closure of Lloyds Pharmacy at Hendon from 13th June 2018 means that Sunderland is losing the only pharmacy that was open between 10.00 pm and 11.00 pm on a Saturday.

6.6.3 Sunday opening

In total, 10 pharmacies across the city open on Sundays, responding to the needs of the local population. There is provision from 8.00 am until 8.00 pm in the Sunderland East and Washington areas (see Figures 10h and 10s), from 8.00 am until 7.00 pm in the Sunderland North area (see Figure 10l), and from 10.00 am until 4.00 pm in the Sunderland West area (see Figure 10p). There is no provision within the Coalfields area on a Sunday (see Figure 10d). It is clear from the stakeholder engagement that those working Monday to Friday value weekend opening, and whilst Sunday opening within the Coalfields area would improve access and choice, no specific need for additional pharmacies to open on Sundays was identified.

Most parts of Sunderland are considered accessible by public transport, although there is lower overall provision in the semi-rural Coalfields locality. Ease of access to transport connections to the major commercial centres – such as the city centre and the Galleries - is generally linked to proximity with the major roads in the Coalfields locality (A690, A182 and A183). Specific areas of Shiney Row and Penshaw have limited access to public transport, though it takes just over 20 minutes to reach the nearest main centre, such as the Galleries in Washington, by

public transport from Shiney Row once public transport is accessed. Taking this into account, it is considered that the ten pharmacies across the city that open on Sundays are accessible to people living in the Coalfields locality.

The closure of Lloyds Pharmacy at Hendon from 13th June 2018 means that Sunderland is losing one of only two pharmacies that were open between 6.00 pm and 8.00 pm on a Sunday. This leaves Blue House Pharmacy at Washington as the only pharmacy open at this time on a Sunday.

6.6.4 Friday afternoon and evening opening

Partners across the Sunderland health economy have identified community pharmacy opening on Friday afternoon and evening as being particularly important in providing access to medicines and preventing unnecessary burden on urgent care services at the weekend. Figures 10t to 10y below show the number of community pharmacies (excluding distance sellers and appliance contractors) that open between noon and midnight on Fridays. Sunderland is well provided for from 12:00 noon until 6:00 pm on Fridays in all localities. There is some provision on Friday evenings in all localities, though this is limited in time within the Coalfields area with no pharmacies open after 6:30 pm.

Figure 10t: Coalfields

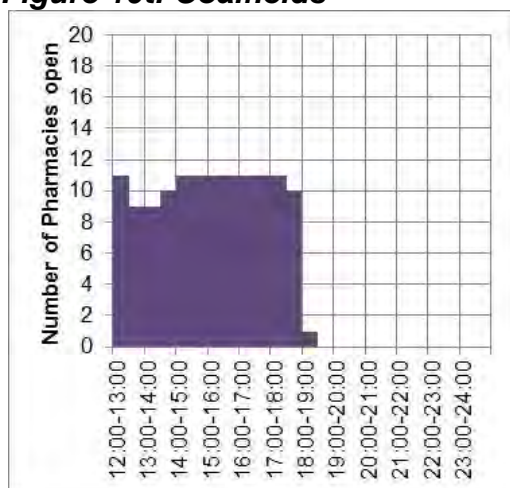


Figure 10u: Sunderland East

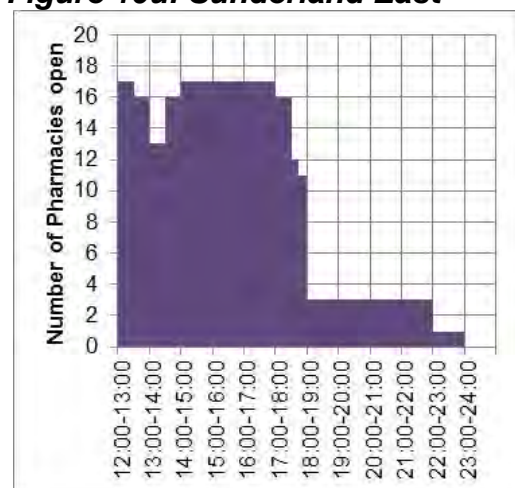


Figure 10v: Sunderland North

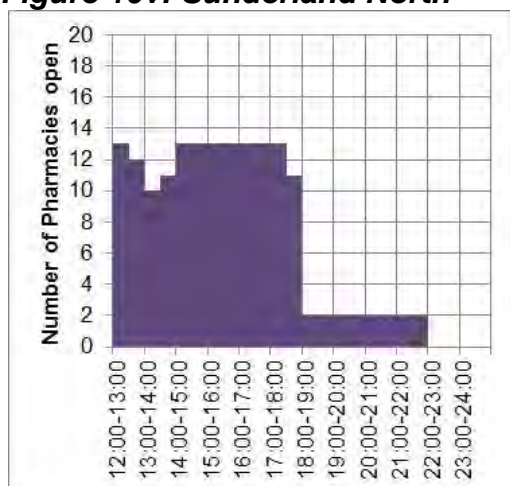


Figure 10w: Sunderland West

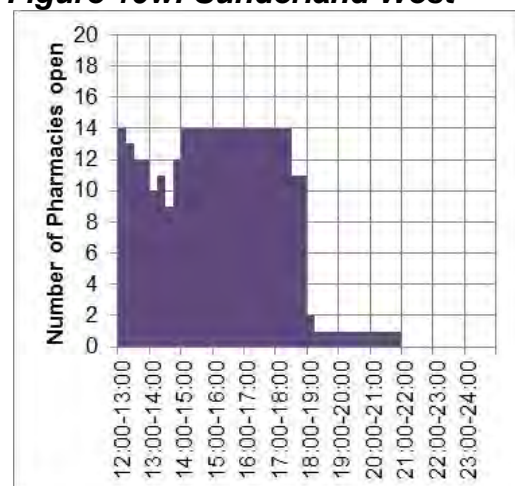


Figure 10x: Washington

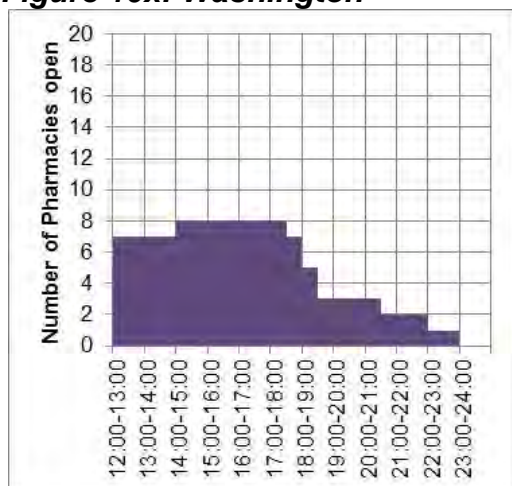
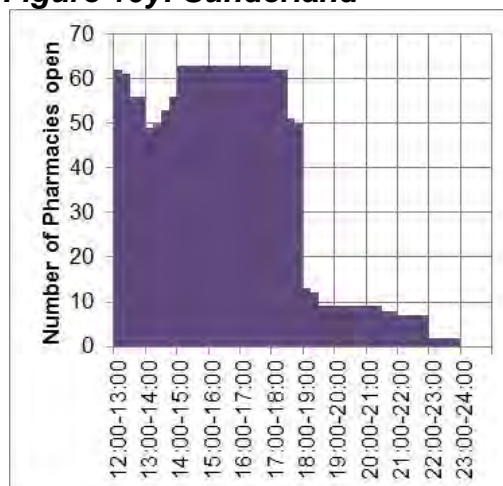


Figure 10y: Sunderland



There is some provision until 10.00 pm in Sunderland North and Sunderland West, and some provision until 11.00 pm in Sunderland East and Washington.

The closure of Lloyds Pharmacy at Hendon from 13th June 2018 means that Sunderland is losing one of only two pharmacies that were open between 10.00 pm and 11.00 pm on Friday evenings. This leaves ASDA Pharmacy at Washington as the only pharmacy open at this time on weekday evenings.

A list of pharmacies open for the whole of each hour from noon until midnight on Fridays is provided in Appendix 3. It should be noted that other pharmacies may be open for part of each hour and full opening hours are presented in Appendix 2.

6.6.5 Opening during extended GP access hours

With effect from 1st September 2017, new arrangements for extended access to GP services have been introduced across the City. Core and extended hours for Sunderland GP practices are set out in section 2.1 and Appendix 5.

Consideration has been given to accessibility of community pharmacies open during GP extended hours. The text below describes those pharmacies that are open throughout the whole of the extended access period and for one hour after the end of GP extended hours. It should be noted that other pharmacies may be open for part of this time period and, in some cases, may be closer to an extended hours hub than those indicated below.

For weekday evening extended hours, GP services are provided from five hubs, one located within each locality. In total, 7 community pharmacies are open throughout the whole of the extended access period and for one hour after the end of GP extended hours (see Figure 11) as follows:

- Lloyds Pharmacy, Hendon, SR1 1AE (Sunderland East) – this is the closest pharmacy to the Sunderland East hub at Riverview Health Centre at approximately 0.2 miles;

- Million Pharmacy, Millfield, SR4 7XA (Sunderland East) – this is the closest pharmacy to the Sunderland West hub at Pallion Health Centre at approximately 0.1 miles;
- ASDA Pharmacy, Grangetown, SR2 9TT (Sunderland East);
- Avenue Pharmacy, Monkwearmouth, SR6 0BD (Sunderland North) – this is the closest pharmacy to the Sunderland North hub at Southwick Health centre at approximately 1.4 miles;
- Lloyds Pharmacy, Riverside Road, Southwick, SR5 3JG (Sunderland North);
- Blue House Pharmacy, Washington, NE37 2TE (Washington);
- ASDA Pharmacy, Galleries Shopping Centre, Washington, NE38 7NF (Washington) – this is the closest pharmacy to the Washington hub at The Galleries Health Centre at approximately 0.2 miles and also the closest pharmacy to the Coalfields hub at Houghton Health Centre at approximately 6.2 miles.

Following the closure of Lloyds Pharmacy at Hendon from 13th June 2018, Avenue Pharmacy, Monkwearmouth, SR6 0BD (Sunderland North) will be the closest pharmacy to the Sunderland East hub at Riverview Health Centre at approximately 1.4 miles.

For Saturday extended hours, GP services are provided from five hubs, one located within each locality. In total, 14 community pharmacies are open throughout the whole of the extended access period and for one hour after the end of GP extended hours (see Figure 12) as follows:

- Hopes Pharmacy, Houghton-le-Spring, DH4 4AR (Coalfields) - this is the closest pharmacy to the Coalfields hub at Houghton Health Centre at approximately 0.3 miles;
- Leema Pharmacy, St Michael's, SR2 7RW (Sunderland East);
- Superdrug Pharmacy, The Brides Shopping Centre, Millfield, SR1 3LB (Sunderland East);
- Lloyds Pharmacy, Hendon, SR1 1AE (Sunderland East) – this is the closest pharmacy to the Sunderland East hub at Riverview Health Centre at approximately 0.2 miles;
- Boots Pharmacy, The Bridges Shopping Centre, Millfield, SR1 3LF (Sunderland East);
- Million Pharmacy, Millfield, SR4 7XA (Sunderland East) – this is the closest pharmacy to the Sunderland West hub at Pallion Health Centre at approximately 0.1 miles;
- Boots Pharmacy, Park Lane, St Michael's, SR1 3NX (Sunderland East);
- Ashchem Chemists, Fulwell, SR6 9BP (Sunderland North) – this is the closest pharmacy to the Sunderland North hub at Southwick Health centre at approximately 1.2 miles;
- Avenue Pharmacy, Monkwearmouth, SR6 0BD (Sunderland North);
- Lloyds Pharmacy, Riverside Road, Southwick, SR5 3JG (Sunderland North);
- Greens Pharmacy, Chester Road, Barnes, SR4 7HS (Sunderland West);
- Lloyds Pharmacy, Silksworth, SR3 1PD (Sunderland West);
- Blue House Pharmacy, Washington, NE37 2TE (Washington);

- ASDA Pharmacy, Galleries Shopping Centre, Washington, NE38 7NF (Washington) – this is the closest pharmacy to the Washington hub at The Galleries Health Centre at approximately 0.2 miles.

Following the closure of Lloyds Pharmacy at Hendon from 13th June 2018, Superdrug Pharmacy or Boots Pharmacy at The Brides Shopping Centre, Millfield, (Sunderland East) are the closest pharmacy to the Sunderland East hub at Riverview Health Centre at approximately 0.8 miles. If travelling on foot, Boots Pharmacy, Park Lane, St Michael's, SR1 3NX (Sunderland East) is marginally closer at 0.6 miles.

For Sunday extended hours, GP services are provided from three hubs, located in Sunderland East, Sunderland West and Washington localities. In total, 4 community pharmacies are open throughout the whole of the extended access period and for one hour after the end of GP extended hours (see Figure 13) as follows:

- Lloyds Pharmacy, Hendon, SR1 1AE (Sunderland East) – this is the closest pharmacy to the Sunderland East hub at Riverview Health Centre at approximately 0.2 miles;
- Million Pharmacy, Millfield, SR4 7XA (Sunderland East) – this is the closest pharmacy to the Sunderland West hub at Pallion Health Centre at approximately 0.1 miles;
- Avenue Pharmacy, Monkwearmouth, SR6 0BD (Sunderland North);
- Blue House Pharmacy, Washington, NE37 2TE (Washington) – this is the closest pharmacy to the Washington hub at The Galleries Health Centre at approximately 2.1 miles.

Following the closure of Lloyds Pharmacy at Hendon from 13th June 2018, Avenue Pharmacy, Monkwearmouth, SR6 0BD (Sunderland North) will be the closest pharmacy to the Sunderland East hub at Riverview Health Centre at approximately 1.4 miles.

It can be seen that there is no provision within the Coalfields area between 6.30 pm and 9.30 pm on weekday evenings. Whilst evening opening during this time within the Coalfields area would improve access and choice, no specific need for additional pharmacies to open has been identified. Taking this into account, it is considered that the seven community pharmacies across the city that open during weekday evening extended GP hours are accessible to people living in the Coalfields locality.

6.6.6 Summary

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

The Board recognises that there is no access to community pharmacy services within the Coalfields locality during most of the extended GP hours on weekday evenings and generally on Sundays and Bank Holidays.

Figure 11: Sunderland community pharmacies open throughout the whole of the weekday evening extended access period and for one hour after the end of GP extended hours

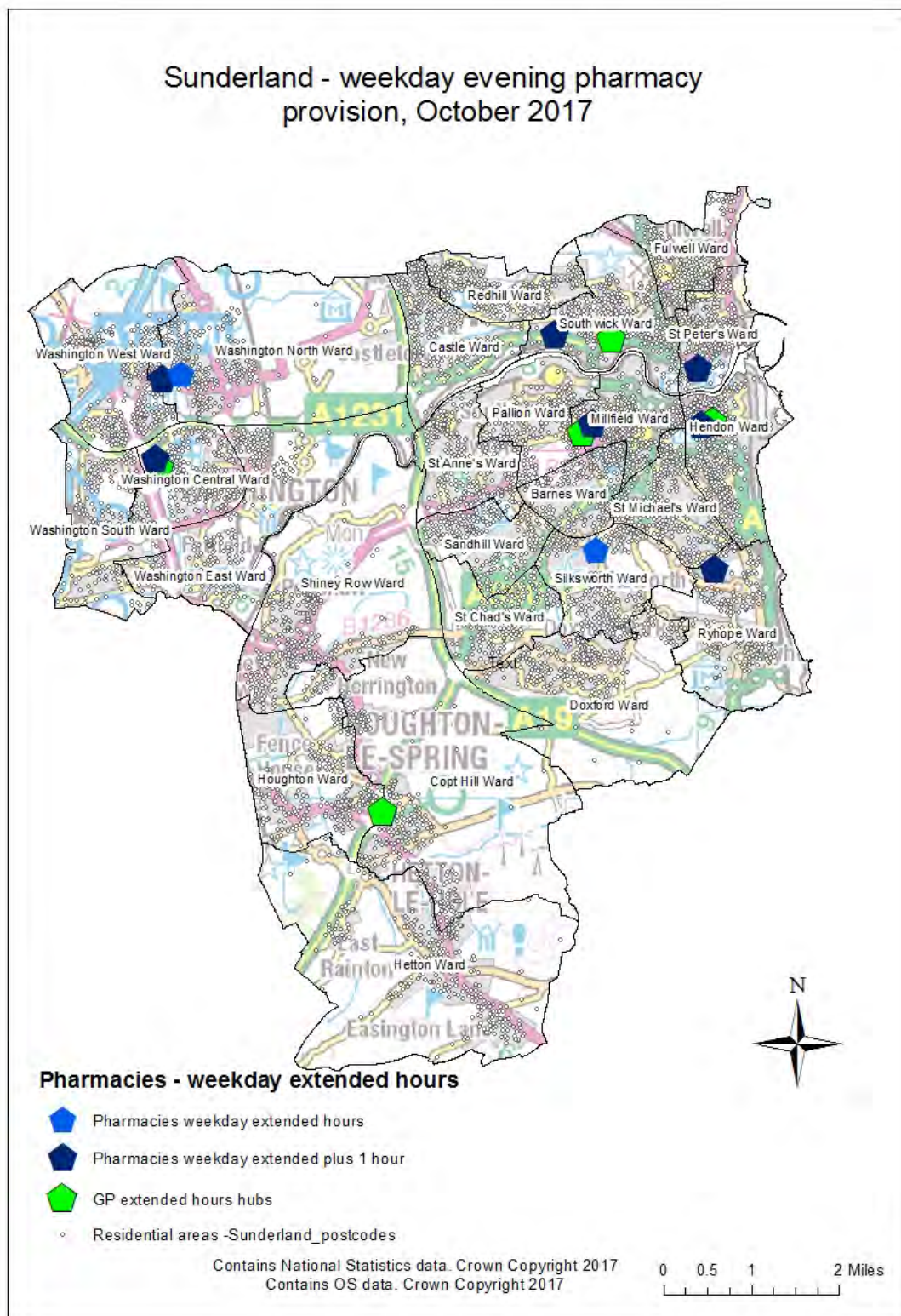


Figure 12: Sunderland community pharmacies open throughout the whole of the Saturday extended access period and for one hour after the end of GP extended hours

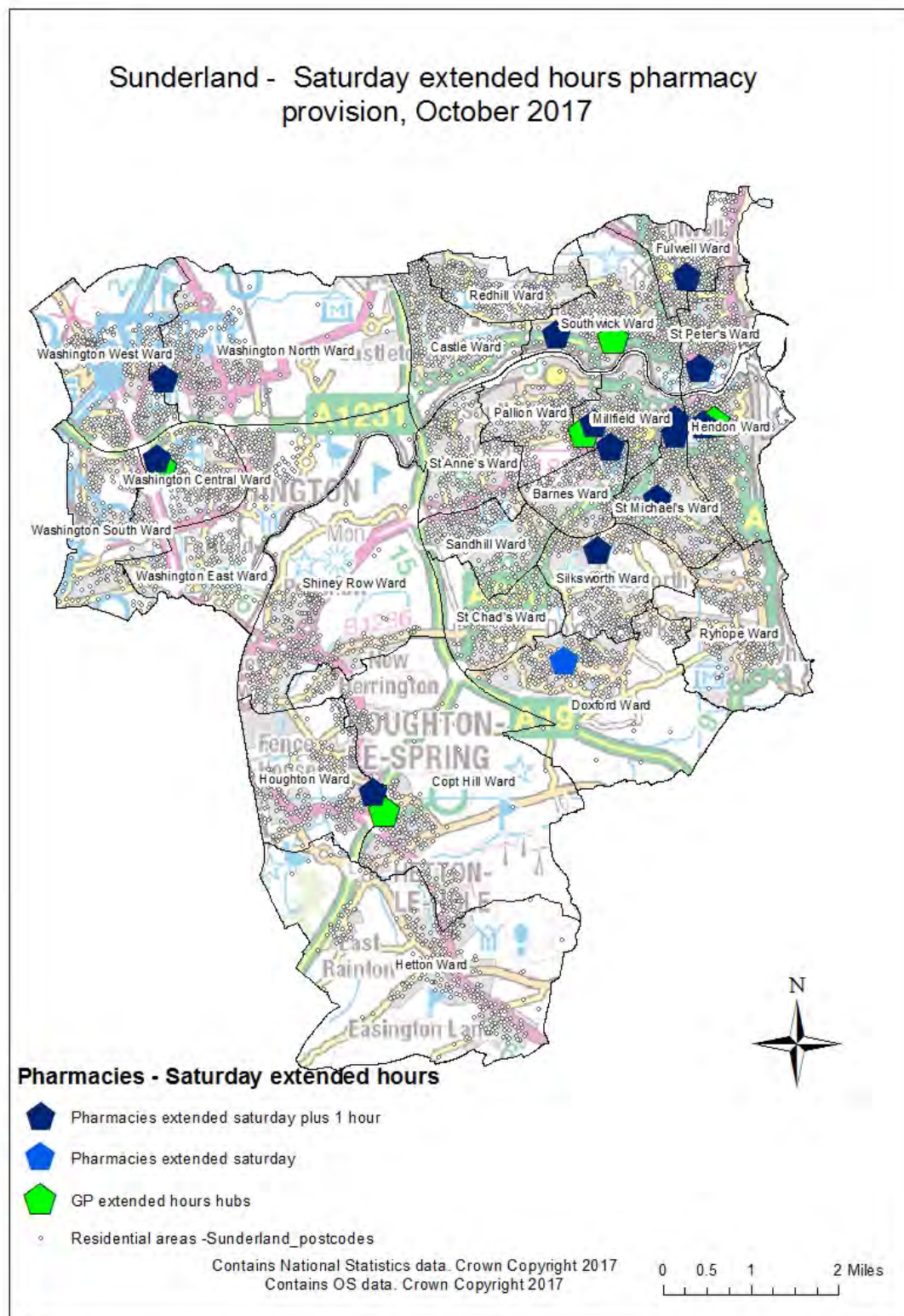
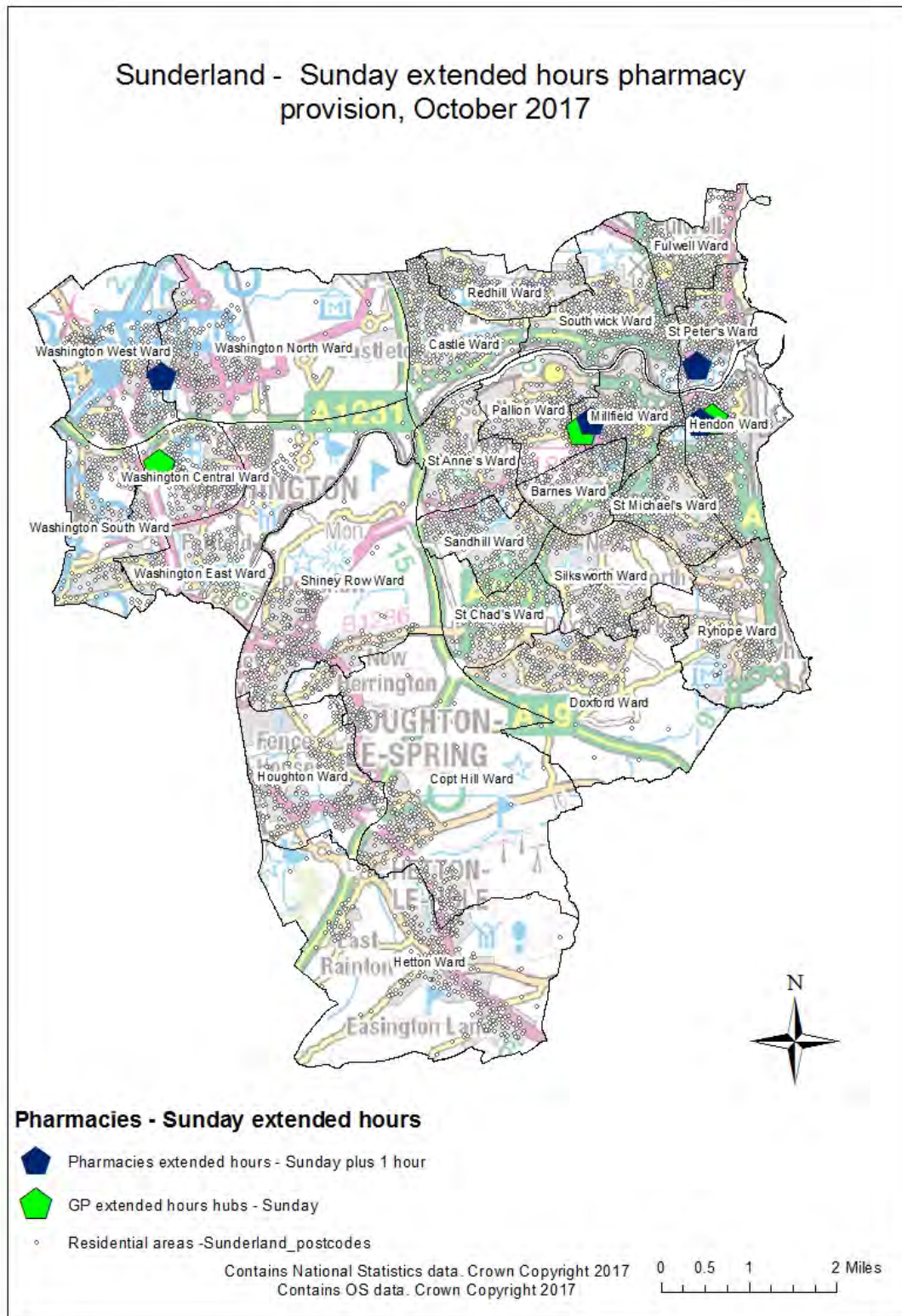


Figure 13: Sunderland community pharmacies open throughout the whole of the Sunday extended access period and for one hour after the end of GP extended hours



Note that ASDA Pharmacy, Galleries Shopping Centre, Washington, NE38 7NF (Washington) is open from 10 am onwards and is 0.2 miles from the Washington hub.

Whilst weekday evening and Sunday opening hours within the Coalfields locality would improve access and choice for the local population, no specific need for additional pharmacies in the Coalfields locality has been identified through the pharmaceutical needs assessment.

Sunderland Health and Wellbeing Board considers that the existing 100 hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed. Loss of any of the 100 hour pharmacies could cause significant gaps in access to both essential pharmaceutical services and locally commissioned services that respond to particular population health needs.

We consider that the loss of Lloyds Pharmacy at Hendon from 13th June 2018 will produce a gap in essential pharmaceutical services at particular times on particular days and in locally commissioned services that respond to particular population health needs. We are clear that this does not require additional pharmacies through market entry. Rather we require a mechanism for securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services.

6.7 Improving access

6.7.1 Electronic prescription service

The electronic prescription service seeks to make 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 will also encourage more GPs to use the repeat dispensing scheme in the future.

Release 1: In EPS release 1, the paper prescription form remained the legal prescription with a parallel electronic message flow linked via a barcode on the prescription which could be used to support the processing of the paper prescription. EPS Release 1 was not intended to deliver significant direct benefits, but rather to provide a safe environment to establish the EPS infrastructure without the risk of disruption to the supply of medicines to patients.

Release 2: EPS release 2 supports the transmission of electronic prescriptions, e-repeat dispensing, patient nomination of their selected pharmacy, and the electronic submission of reimbursement claims to NHS Prescription Services.

Routine use of electronic prescriptions in the local health economy is dependent on its adoption by both local GP practices and community pharmacies. Information from the NHS Business Services Authority ^(data source 58) shows that all Sunderland GP practices are enabled and using electronic prescription services.

Information from the NHS England Sub Region ^(data source 55) shows that 58 out of 65 (89%) community pharmacies that dispense medicines and none out of three (0%) dispensing appliance contractors in Sunderland are enabled for electronic prescribing services.

Sunderland makes greater use of electronic prescribing than the England average ^(data source 59).

- 66.9% of prescription items prescribed and dispensed in quarter 4 of 2016/17 were via electronic prescribing (compared to 53.9% across England);
- 36.8% of all items prescribed and dispensed during 2016/17 were repeat dispensing items (compared to 9.2% across England);
- 45.0% of repeat dispensing items were via electronic prescribing (compared to 12.2% across England).

6.7.2 Collection and delivery services

Two 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.

As it is anticipated that the majority of community pharmacies will provide a prescription collection service and a medicines delivery services, the Pharmacy questionnaire asked for community pharmacies to indicate if this was not the case. None of the 49 responders to the survey indicated that their pharmacy did not provide a prescription collection service. Though, as the electronic prescription service becomes more widely used, the need for prescription collection services will diminish, as the prescriptions will be sent electronically to the pharmacy that the patient has chosen. One responder to the survey indicated that their pharmacy does not provide a medicines delivery service and one responder indicated that their pharmacy was reviewing the medicines delivery service as a consequence of the national funding cuts.

During the recent period of severe weather, NHS England negotiated with Tyne & Wear Fire and Rescue service to offer support to community pharmacies for the delivery of urgent and essential medications to patients where all efforts by the patient or their representative has failed to collect the medication. It is the responsibility of the pharmacist to outline the urgency of the medication need which then informs the fire service's risk assessment in agreeing to undertake the delivery. Each request is dealt with on merit and considering the circumstances at the time, including other demands of the service at that time.

6.7.3 Distance selling

Some pharmacies offer dispensing services which are available over the internet or by telephone. Delivery is then made by post, carrier or through a branch network. It is not known how many Sunderland residents currently use these services and it is therefore difficult to assess the impact that they might have on the pharmacy market, though we do know that during 2016/17, the two distance selling pharmacies dispensed 170,918 prescription items or 2.0% of items dispensed in Sunderland ^{(data}

source 56). The Health and Wellbeing Board strongly recommends that more and clearer information should be made available to patients regarding the impact of distance selling, including that they will no longer get their pharmacy service locally, to support them to make informed choices about their medication and how they wish to receive it.

6.7.4 Issues related to improving access

Perversely, innovations such as the electronic prescription service and distance selling provision, which are intended to offer significant benefits for patients in terms of ease of access to dispensed medication, may have unintended consequences. Removing the face to face contact between patients and their carers and the pharmacist means that the opportunity to raise health issues with the pharmacist in a holistic way and receive information, advice, support and signposting to other services in return is lost. This may limit the opportunities for pharmacists to make every contact count.

The recently published National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2015 ⁽²⁹⁾ introduced, with effect from 1st March 2015, a service enhancement which requires pharmacy contractors to support the uptake of the repeat dispensing service by informing patients of the benefits of the service. It is clear that more information needs to be made available to patients to support them to make informed choices about their medication and services offered by community pharmacies.

6.8 Disability access

To comply with the Equality Act 2010 ⁽²³⁾, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers not to discriminate against persons with a disability. A person is regarded as being disabled 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 pharmacy 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.

Sunderland City Council has undertaken a survey of community pharmacies to assess how accessible they are for wheelchair users. Currently responses have been received from 49 pharmacies (a response rate of 72%). Table 8 is based on these responses.

Table 8: disability accessibility issues

	Number of pharmacies	%
Pharmacy entrance		
Yes – unaided wheelchair access	38	77.6
No – but plans to address	1	2.0
No – and no plans to address	10	20.4
Consultation room access		
Yes - with wheelchair access	45	91.8
Yes – but not easily accessible for wheelchair	1	2.0
Do not have consultation room	3	6.1

Data source 60: Survey of Sunderland community pharmacies. Sunderland City Council, August-September 2017.

Of the 49 responders to the survey, 44 (90%) stated that they had a consultation room that matched the criteria for the medicines use review service and was wheelchair accessible. One responder (2%) stated that they had a consultation room that matched the criteria for the medicines use review service but that this was not wheelchair accessible. One responder (2%) stated that their consultation room did not currently meet the criteria for the medicines use review service, as it had recently been refurbished and was awaiting sound proofing. Three responders (6%) stated that their pharmacy did not currently have a consultation room.

Most community pharmacies have made arrangements to ensure that disabled people can access their pharmacy and consultation rooms ^(data source 60).

6.9 Future housing developments

Sunderland's consultation draft Core Strategy and Development Plan 2015-2033 ⁽³⁰⁾ sets out the framework for spatial development in the city to support the vision for Sunderland as "a city that is open for business and growth".

The document sets out how planning decisions should support the following objective for the city:

- Providing jobs and prosperity for local people;
- Delivering housing to meet the needs and aspirations of all of our communities;
- Tackling health inequalities and deprivation within the city; and
- Protecting the city's important natural and historic environmental assets.

The Plan ⁽³⁰⁾ seeks to stem outward migration, particularly of the working age population, through the provision of new housing to meet the needs and aspirations of existing and future residents by creating sustainable neighbourhoods in which people want to live and work. The aspiration is to deliver an additional 13,800 homes to the city over the period from 2015/16 to 2033/34 by:

- Re-balancing the housing stock to provide a range of housing, including an increased supply of larger family housing, accommodation to meet the needs of an ageing population and bringing empty properties back into use;
- Focussing the majority of new housing development within existing communities;
- Supporting housing renewal and regeneration in Pennywell, Hetton Downs, Marley Potts/Carley Hill, Hendon, and Millfield;
- Developing the South Sunderland Growth Area to provide over 3,000 new dwellings;
- Amending the Green Belt boundary and allocating Housing Release Sites in Washington, North Sunderland and Northern Coalfields; and
- Safeguarding land to meet anticipated longer-term needs.

Table 9: future housing developments in Sunderland – numbers of new dwellings by locality, 2017/18 – 2032/33

	2017/18 - 2021/22	2022/23- 2026/27	2027/28 - 2031/32	2032/33	TOTAL
Coalfields	1,306	1,004	835	90	3,235
Sunderland Central	147	101	409	60	717
Sunderland South	1,144	1,614	1,762	275	4,795
Sunderland North	180	666	284	30	1,160
Washington	382	287	215	0	884
TOTAL	3,159	3,672	3,505	455	10,791

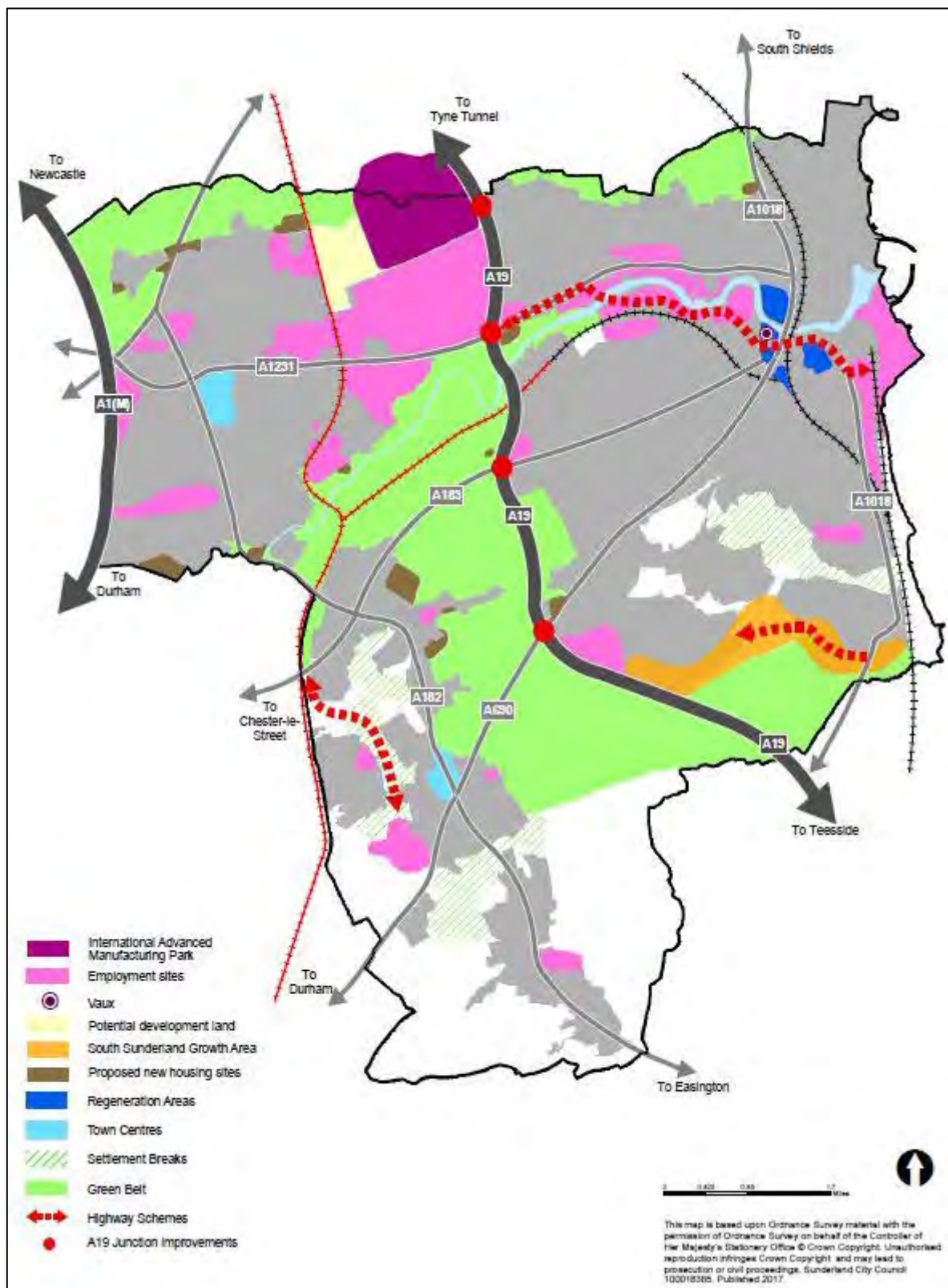
Source: Sunderland's consultation draft Core Strategy and Development Plan 2015-2033, Sunderland City Council, July 2017

Table 9 and Figure 14 show the future housing developments set out in the consultation draft of the Sunderland Core Strategy and Development Plan ⁽³⁰⁾.

It should be noted that the Core Strategy and Development Plan uses slightly different localities than those in this document, as follows:

- The Coalfields area is the largest but least densely populated area; it is made up of a number of former mining towns and villages centred on Houghton-le-Spring and Hetton-le-Hole.
- The Central area (within Sunderland East) is a small geographic area close to the mouth of the Wear which straddles both sides of the river; it contains the main commercial and administrative area of Sunderland including the City Centre.
- The South Sunderland area (comprising the rest of Sunderland East and Sunderland West) is the most populated; its northern part along the River Wear is urbanised and densely developed, and its southern part is made up of distinct settlements and is bounded by Green Belt.

Figure 14: Sunderland development sites 2015-2033, including housing (shown as regeneration, new housing and South Sunderland Growth Area)



Source: Sunderland's consultation draft Core Strategy and Development Plan 2015-2033, Sunderland City Council, July 2017

- The North Sunderland area is highly urbanised with new high-quality business areas along the riverside; recent focus has been on the regeneration of the Seafront.
- Washington was built in the 1960s as part of the New Town programme; it was developed as a series of villages, interspersed with modern employment estates and extensive green areas.

The Central Area will be the principal location for offices, retail and main town centre uses. The majority of new housing in the city will be located within South Sunderland. Washington will be a key provider of land for economic development; only a minor amount of new housing is proposed. Regeneration in the Coalfield will focus on its potential as an area for new house building. In North Sunderland the emphasis will be on the regeneration of the Seafront; new housing will be developed when opportunities arise.

After considering all the elements of the PNA, Sunderland Health and Wellbeing Board concludes that the level of planned development is unlikely to require new pharmacy contracts to be issued for the areas of development within the time period covered by this PNA, due to satisfactory cover from already existing pharmacies.

7. Pharmaceutical services

The requirements for the commissioning of pharmaceutical services are set out in the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾ and the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013* ⁽³¹⁾.

NHS England is the only organisation that can commission pharmaceutical services and it does this via the national community pharmacy contractual framework. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulation. 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; and
- Enhanced Services: services that can be commissioned locally by NHS England.

In addition a Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. All LPS contracts must, however, include an element of dispensing.

The Government's new funding package for community pharmacies ⁽⁷⁾ has resulted in significant changes to the package of fees and allowances to community pharmacies including the introduction of a Quality Payments Scheme.

7.1 Essential services

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

Essential services are:

- Dispensing medicines and appliances;
- Repeat dispensing;
- Disposal of unwanted medicines;
- Public health (promotion of healthy lifestyles);
- Signposting;
- Support for self-care.

7.2 Advanced services

There are six advanced services within the NHS community pharmacy contract. Community pharmacies can choose to provide any of these services as long as they meet the necessary requirements set out in the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*⁽³¹⁾. The advanced services are:

- New Medicines Service (NMS);
- Medicines Use Review (MUR);
- Stoma Customisation Service (SCS);
- Appliance Use Reviews (AUR);
- NHS Urgent Medicine Supply Advanced Service (NUMSAS); and
- Flu vaccination service.

Table 10: Distribution of community pharmacies providing advanced services, by locality

	New Medicines Service	Medicines Use Review	Stoma Customisation Service	Appliance Use Review	NHS Urgent Medicine Supply Advanced Service	Flu vaccination service
Coalfields	12	10	0	0	7	7
East	17	13	3	4	3	11
North	11	11	2	2	2	7
West	13	13	2	3	6	11
Washington	7	7	3	2	1	6
SUNDERLAND	60	54	10	11	19	42

Data Source 55: Information on commissioned community pharmacy services for Sunderland. NHS England Sub Region, June 2017.

7.2.1 New Medicines Service

It is estimated that 15% of people receiving new medicines take few, if any, doses. Non-adherence to prescribed medicines can lead to poor management of long term conditions and a cost to the patient, NHS and society. The new medicines service aims to provide early support to patients who are newly prescribed a medicine with repeated follow-up in the short term to increase adherence and effective medicine taking. Increased patient adherence to treatment will consequently reduce drug wastage and medicines related hospital admissions. The new medicines service is targeted to new medicines prescribed in the four therapy areas of:

- Hypertension;
- Type 2 diabetes;

- Asthma / COPD; and
- Anticoagulation / antiplatelet therapy.

The national evaluation of the new medicines service ⁽³²⁾ found that the service is well received by patients and increases adherence to new medicines at 10 weeks by approximately 10% making it an important public health intervention.

Table 10 shows that 60 of Sunderland's community pharmacies can provide the new medicine service, though only 33 pharmacies made claims for this service during 2016/17. In Sunderland, 3,349 new medicines service interventions were undertaken during 2016/17. With a rate of 0.39 per 1,000 prescription items dispensed Sunderland is a low user of this valuable service; the rate for all similar CCGs is 0.83 per 1,000 prescription items dispensed and the England rate is 0.86 per 1,000 prescription items dispensed ^(data source 59).

7.2.2 Medicines use reviews

It is estimated 25-50% of medicines are not taken as intended or directed. Non-adherence to appropriately prescribed medicines may lead to further prescriptions, tests and investigations, poor clinical outcomes, increased admissions to hospital, and premature mortality and is therefore a serious issue for the NHS. The medicines use review service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. A medicines use review is not a full clinical review and is in addition to any reviews carried out by the patient's GP. Feedback is provided to the patient's GP where there is an issue for them to consider.

A medicines use review is a way to:

- Improve patients' understanding of their medicines;
- Highlight problematic side effects and propose solutions;
- Improve adherence; and
- Reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. These target groups are:

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

Each community pharmacy can undertake an annual maximum of 400 medicines use reviews; 70% of these should be with patients from the national target groups.

Table 10 shows that 54 of Sunderland's community pharmacies can provide the medicines use review service, and 49 pharmacies made claims for this service during 2016/17. In Sunderland, 17,772 medicines use review service interventions were undertaken during 2016/17. With a rate of 2.09 per 1,000 items dispensed Sunderland is a low user of this valuable service; the rate for all similar CCGs is 3.13 per 1,000 prescription items dispensed and the England rate is 3.32 per 1,000 prescription items dispensed ^(data source 59).

Improving safe and effective hospital discharge remains a challenge in the NHS. In August 2014, NHS England published a Patient Safety Alert ⁽³³⁾ on the risks arising from communication breakdown at discharge from hospital. A process of clinical handover (previously referred to as a "transfer of care") has been in place across Sunderland since April 2016. It includes new medicines service or medicines use review interventions, as appropriate. This is described in section 2.6.

7.2.3 Stoma appliance customisation

Stoma appliance customisation refers to the process of modifying stoma appliances based on the patient's measurements or record of those measurements. 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.

Only 10 community pharmacies currently provide the stoma customisation service; none of these is a dispensing appliance contractor.

7.2.4 Appliance use reviews

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

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

Table 10 shows that only 11 community pharmacies currently provide the stoma customisation service; one of these is a dispensing appliance contractor.

7.2.5 NHS Urgent Medicine Supply Advanced Service

Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. This can block GP out of hours appointments, disrupt the usual repeat prescribing and dispensing cycle, and increase the potential for medicines waste ⁽³⁴⁾. A small number of patients also attend A&E to obtain urgently needed medicines ⁽³⁴⁾.

The NHS Urgent Medicine Supply Advanced Service was introduced nationally as a new pilot advanced service in December 2016. The scheme was initially commissioned until March 2018 and has subsequently been extended until September 2018. NHS England have stressed that this service is a pilot and that there is no guarantee of its continuation beyond September 2018.

Its objectives are to:

- Manage appropriately NHS 111 requests for urgent medicine supply;
- Reduce demand on the rest of the urgent care system;
- Resolve problems leading to patients running out of their medicines; and
- Increase patients' awareness of electronic repeat dispensing.

NUMSAS is available to patients who contact NHS 111 to advise that they have run out of their NHS prescription medicines. NHS 111 will refer patients to the nearest community pharmacy that is providing the service using NHSmail and the pharmacist will then interview the patient to decide if it is appropriate for an "emergency supply" of their medicines or appliances to be given.

In order to deliver this service, the pharmacy must:

- Ensure that its NHS choices information is accurate;
- Be able to receive referrals from NHS111 via NHSmail; and
- Be EPS enabled in order to check if there is a prescription available to dispense.

Pharmacies must ensure that a notification is sent to the patient's GP practice on the same day the medicine or appliance is supplied or as soon as possible after the pharmacy opens on the following working day.

Table 10 shows that 19 community pharmacies across the City provide this service.

Building as it did on the Pharmacy Emergency Repeat Medication Supply Service (PERMSS) pilot, which was undertaken in the North East of England during the winter of 2014/15, we believe this service is an important part of our local urgent care system, and would recommend that it should continue.

7.2.6 Flu vaccination service

NHS England commissions the annual seasonal flu vaccination service (NHS flu service) from GP practices and accredited community pharmacists to help meet national targets to immunise:

- People aged 65 years and over (target of 75%);
- People in clinical high risk groups e.g., those with chronic respiratory, heart, kidney liver, or neurological condition, those with diabetes, those with splenic dysfunction, and those with a compromised immune system (target of 55%);
- Pregnant women (target of 55%);
- People in long stay residential care homes;

- People who are the main carer of an older or disabled person;
- Children aged 2 and 3 years (target 40-65%);
- Children in school years R, 1, 2, 3 and 4 (target 40-65%);
- In Sunderland, children in school years 5 and 6 (as Sunderland was part of the pilot programme).

Following publication of the *Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2017*⁽³⁵⁾, this service runs between September and March with the aim of vaccinating eligible patients by the end of January. The administration of a flu vaccine is legally authorised by a national patient group direction (PGD). The service is restricted to patients aged 18 years and over; vaccination of children as part of the annual programme is undertaken via GPs and in schools. Community pharmacists providing this service attend face-to-face training for both injection technique and basic life support training every two years, and must ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day.

Community pharmacies make a significant contribution to improving access to seasonal 'flu vaccine for adults aged 65 and over, adults in clinical at risk groups, adult carers and adult household contacts of people with a compromised immune system. Table 10 shows that 42 Sunderland community pharmacies participated in this service in the winter of 2016/17.

In addition, community pharmacists can provide a flu vaccination service privately to those clients who do not qualify for NHS vaccines. NHS organisations and local authorities also need to ensure that appropriate measures are in place to offer flu vaccination to their staff working in health and social care who have direct patient contact. Local authorities may also wish to offer an extended provision of flu vaccination to frontline staff working in institutions with vulnerable populations, such as special schools. Sunderland City Council currently uses its occupational health team to deliver this service; in some areas this is supported by community pharmacies.

7.2.7 Changes to fees and allowances (including the Quality Payments Scheme)

As part of the two-year funding package for community pharmacies⁽⁷⁾, the Government has made a number of changes to the scheme of fees and allowances that are payable to community pharmacies including:

- Consolidating a range of fees into a single activity fee;
- Phasing out establishment payments;
- Introducing a Pharmacy Access Scheme (see section 5.7); and
- Introducing a Quality Payments scheme.

From 2017/18 the Quality Payments Scheme will make payments to community pharmacies that meet certain gateway and quality criteria. To qualify for payments, pharmacies must first meet four gateway criteria which are as follows:

- The contractor must be offering at the community pharmacy the medicines use review or the new medicines service or must be registered to provide the NHS Urgent Medicine Supply Advanced Service.
- The [NHS Choices](#) entry for the community pharmacy must be up to date. This is important for both the public and NHS111 to be able to access accurate information about the availability of pharmacy services.
- Staff at the pharmacy must be able to send and receive secure NHS mail.
- The contractor must be able to demonstrate on-going use of the electronic prescription service at the community pharmacy premises.

Use of the electronic prescription service is important to support the implementation of electronic repeat dispensing (eRepeats), to reduce GP practice workload, and to improve the patient pathway and the clinical care that patients receive in their community pharmacy. It is important that all community pharmacies have NHS email addresses so that they can provide the NHS Urgent Medicine Supply Advanced Service.

The current position in relation to advanced services is set out in Table 10. The status in relation to the electronic prescription service is set out in section 6.7.1. The status of remaining gateway criteria were assessed through the survey of Sunderland community pharmacies to which responses were received from 49 pharmacies (a response rate of 72%). Table 11 is based on these responses.

Table 11: status of community pharmacies in relation to gateway criteria, September 2017

	Number of pharmacies	%
Updated NHS Choices entry		
Yes	44	89.8%
No	5	10.2%
NHS mail in use		
Yes	47	95.9%
No	2	4.1%

Data source 60: Survey of Sunderland community pharmacies. Sunderland City Council, August-September 2017.

Pharmacies passing these four gateways then receive quality payments for achievement against a number of quality criteria including:

- Achieving the Healthy Living Pharmacy Level 1 Award through the national self-assessment process commissioned by Public Health England and hosted by the Royal Society of Public Health.
- Having at least 80% of all pharmacy staff working in patient facing roles trained as Dementia Friends.

- Providing evidence that asthma patients who have had more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler within a 6 month period, are being referred to an appropriate health care professional for an asthma review.

The Healthy Living Pharmacy scheme recognises the potential for greater use of community pharmacy teams in improving the public's health, in light of their location, accessibility, convenience and relationship with the public. Sunderland LPC is supportive of the scheme and Sunderland City Council's public health team is funding the Live Life Well Service to provide support to pharmacies throughout their journey towards achieving Healthy Living Pharmacy accreditation.

The status of the quality criteria were assessed through the survey of Sunderland community pharmacies to which responses were received from 49 pharmacies (a response rate of 72%). Table 12 is based on these responses.

Table 12: status of community pharmacies in relation to quality criteria, September 2017

	Number of pharmacies	%
<i>Healthy Living Pharmacy</i>		
Achieved award before April 2017	13	26.5%
Working towards	32	65.3%
Not working towards	4	8.2%
<i>Dementia friends</i>		
Working towards	48	98.0%
Not working towards	1	2.0%
<i>Asthma review</i>		
Working towards	47	95.9%
Not working towards	2	4.1%

Data source 60: Survey of Sunderland community pharmacies. Sunderland City Council, August-September 2017.

7.3 Enhanced services

Enhanced Services can be commissioned by NHS England to meet a local need. There are twenty enhanced services listed in the *2013 Directions* ⁽³¹⁾ as follows:

- Anticoagulant Monitoring Service;
- Care Home Service;
- Disease Specific Medicines Management Service;
- Gluten Free Food Supply Service;
- Independent Prescribing Service;
- Home Delivery Service;
- Language Access Service;
- Medication Review Service;
- Medicines Assessment and Compliance Support Service;
- Minor Ailment Scheme;
- Needle and Syringe Exchange Service;
- On Demand Availability of Specialist Drugs Service;
- Out of Hours Services;
- Patient Group Direction Service;
- Prescriber Support Service;
- Schools Service;
- Screening Service;
- Stop Smoking Service;
- Supervised Administration Service;
- Supplementary Prescribing Service.

Within Sunderland, none of these twenty enhanced are currently commissioned by the NHS England Sub Region. A number of these services are now commissioned by either the clinical commissioning group or the local authority and are known as locally commissioned services (see section 8).

The menu of enhanced services largely focuses on supporting the medicines optimisation agenda which aims to ensure that the right patients get the right choice of medicine, at the right time.

Sunderland has a growing elderly population and a number of key health challenges including:

- Preventing premature deaths from cancer, cardiovascular disease and respiratory disease;
- Managing the likely increase in the level of long term conditions, including increasing proportions of the population with multiple long term conditions
- Tackling the big four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – including for people with multiple unhealthy behaviours
- Delivering better integrated and more seamless care for individuals
- Reducing the over-reliance on hospital services, through promotion and support for self-care.

7.4 Pilot schemes

7.4.1 Community Pharmacy Referral Service (CPRS) pilot

The Community Pharmacy Referral Service (CPRS) pilot is being funded through NHS England's Pharmacy Integration Fund and will run from 4th December 2017 to 31st March 2018 across the North East of England where the North East Ambulance Service is the current provider of NHS 111 services. Sunderland is participating in the pilot and 33 local community pharmacies are signed up to the scheme, including 10 that also provide the minor ailments service (see section 8.1.1). These pharmacies have been added to the NHS 111 Directory of Services.

The CPRS pilot allows for patients who ring NHS 111 and who have been triaged as having relatively low levels of need (e.g., brief advice, an over the counter medicine, a minor ailment) to be referred to a local community pharmacy for assessment and treatment by a community pharmacists. Referral to the services is only available through NHS 111. Where consent is given, patient details will be securely transferred to the relevant pharmacy and the patient will be given the pharmacy's address and asked to attend within a timeframe determined through triage.

On attendance, the pharmacist will assess the patient's symptoms and consider any long-term conditions, and the medicines that the person is taking, before providing a recommendation, which could be:

- Support and advice to help the patient to self-care;
- An 'over the counter' medicine that the patient can purchase (which does not need a prescription or a visit to a GP) that will help relieve symptoms;
- Referral into a Minor Ailments Service, if appropriate; or
- Signposting the patient to the right medical care, if necessary.

The pilot has a number of aims including:

- Ensuring that patients with minor conditions have access to improved levels of care, closer to home, with an emphasis on self-care;
- Making greater use of the clinical skills of pharmacists and pharmacy technicians, freeing up GPs and other services to support patients with more serious or complex conditions;
- Improving the integration of community pharmacy with primary care multi-disciplinary healthcare teams; and
- Supporting the use of community pharmacy as an import part of the urgent care system.

It is hoped that the CPRS could treat 35,000 patients with minor conditions (e.g. headache, sore throat, rash etc.) each year across the North East of England thereby easing pressure on GPs and other services. The pilot will be independently evaluated once it completes at the end of March 2018. Early signs for Sunderland are encouraging with 80 patients being referred within the first week. GPs are a critical partner for this service and it is recognised that, in some cases, patients may be referred back to general practice where this is appropriate based on their symptoms.

7.5 Summary

After considering all the elements of the PNA, it is the view of Sunderland Health and Wellbeing Board that a reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines, though there is relatively low use of the new medicines service and medicines use reviews that can support the effective management of long term conditions. We would wish to encourage community pharmacies to make greater use of these advanced services in line with the Quality Payments Scheme.

After considering all the elements of the PNA, it is the view of Sunderland Health and Wellbeing Board that a range of community pharmacy enhanced services – including those focussed on medicines optimisation - could effectively contribute to Sunderland's key health challenges. These opportunities should be considered by commissioners, within the context of the current financial constraints for the health economy.

8. Locally commissioned services

Any organisation can commission services from community pharmacies. NHS England commissions pharmaceutical services (see section 7) whilst local authorities and CCGs commission 'locally commissioned services'.

Some of these services are provided only through community pharmacies, some are part of a locality wide network of services which use multiple providers to improve patient accessibility. The locally commissioned services described in this section are currently being commissioned either totally or in part from community pharmacies.

8.1 Sunderland CCG

Sunderland CCG currently commissions the following services from community pharmacies:

- Minor ailments scheme – but note that this service is being decommissioned and will no longer be in place from 29th April 2018;
- Anti-coagulant (INR) service; and
- Emergency supply of palliative care medicines.

Table 13: provision of CCG commissioned locally commissioned services, by locality

	Minor Ailments service	Emergency Supply of Palliative Care Medicines	Anti-coagulation (INR) service*
Coalfields	5	0	0
East	6	3	1
North	3	2	0
West	4	1	0
Washington	2	1	0
SUNDERLAND	20	7	1

Data Source 61: Information on commissioned community pharmacy services for Sunderland. NHS Sunderland CCG, December 2014

Note: * there are other providers of the anti-coagulation service, which include one out of area community pharmacy and other types of provider.

8.1.1 Minor ailments

Over a number of years, Sunderland CCG commissioned a minor ailment scheme, targeted at patients who would not normally purchase self-care medicines from their local pharmacy. The scheme aimed to reduce pressure on appointments within general practices and provide a more convenient service for patients, by providing simple remedies free to the patient following consultation with a pharmacist. The scheme covered patients presenting with symptoms of the following minor ailments:

- Bacterial Conjunctivitis;
- Colds and Flu;
- Cold sores;
- Constipation;
- Coughs;
- Diarrhoea;
- Earache;
- Fever/Temperature;
- Head Lice;
- Headaches;
- Haemorrhoids;
- Mouth Ulcers;
- Nappy Rash;
- Nasal Congestion;
- Period Pain;
- Scabies;
- Sore Throat;
- Teething;
- Thread worms;
- Toothache;
- Vaginal Thrush;
- Warts and Verrucas.

During 2016/17, 20 out of 68 pharmacies were delivering the minor ailment scheme, and there was some provision in all five localities, though the service was not available to all Sunderland patients. The CCG was concerned about the equity of provision and there was strong feedback from the pharmacy community that they would be keen to see broader provision of this service.

Since July 2017, clinical commissioning groups across the North East and Cumbria have been promoting self-care for common conditions ⁽³⁶⁾ such as acute pain, hay fever and travel medications. A [supporting campaign](#) encourages prescribers to direct patients to community pharmacies and encourages patients to buy common over the counter medicines (such as steroid nasal sprays, eye drops and antihistamines for hayfever and short courses of paracetamol, ibuprofen and co-codamol for pain relief). These medicines were therefore no longer available to adults through the minor ailment scheme, though they could still be obtained for children via prescription or the minor ailments scheme.

In order to ensure that the NHS achieves the greatest value from the money that it spends and that significant variations in prescribing habits are addressed to make use of medicines safer and more effective, NHS England has consulted on guidance for CCGs that would identify a list of prescription items which should not routinely be prescribed in primary care ⁽³⁷⁾; subsequently, NHS England is consulting on a range of minor or self-limiting conditions for which over the counter medications should not routinely be prescribed in primary care ⁽³⁸⁾. The consultations included consideration of a range of common over the counter medicines that were available within the minor ailment scheme.

As a result, the CCG has reviewed its minor ailments scheme. The findings were that the scheme in Sunderland was not as effective as other schemes locally, and did not offer good value for money to the CCG. On 22nd January 2018, the CCG took the decision to decommission the current minor ailment scheme, with service provision to cease on 29th April 2018.

Sunderland CCG is committed to continuing support for patients to self-care and will be looking at how this can be further developed in the future. In the meantime, community pharmacies will continue to provide advice about the treatment of minor illnesses and recommend medicines that will help people. All medicines that were available through the scheme can be bought over the counter without a prescription; most of these can be purchased at relatively low cost.

8.1.2 Anti-coagulants (INR) service

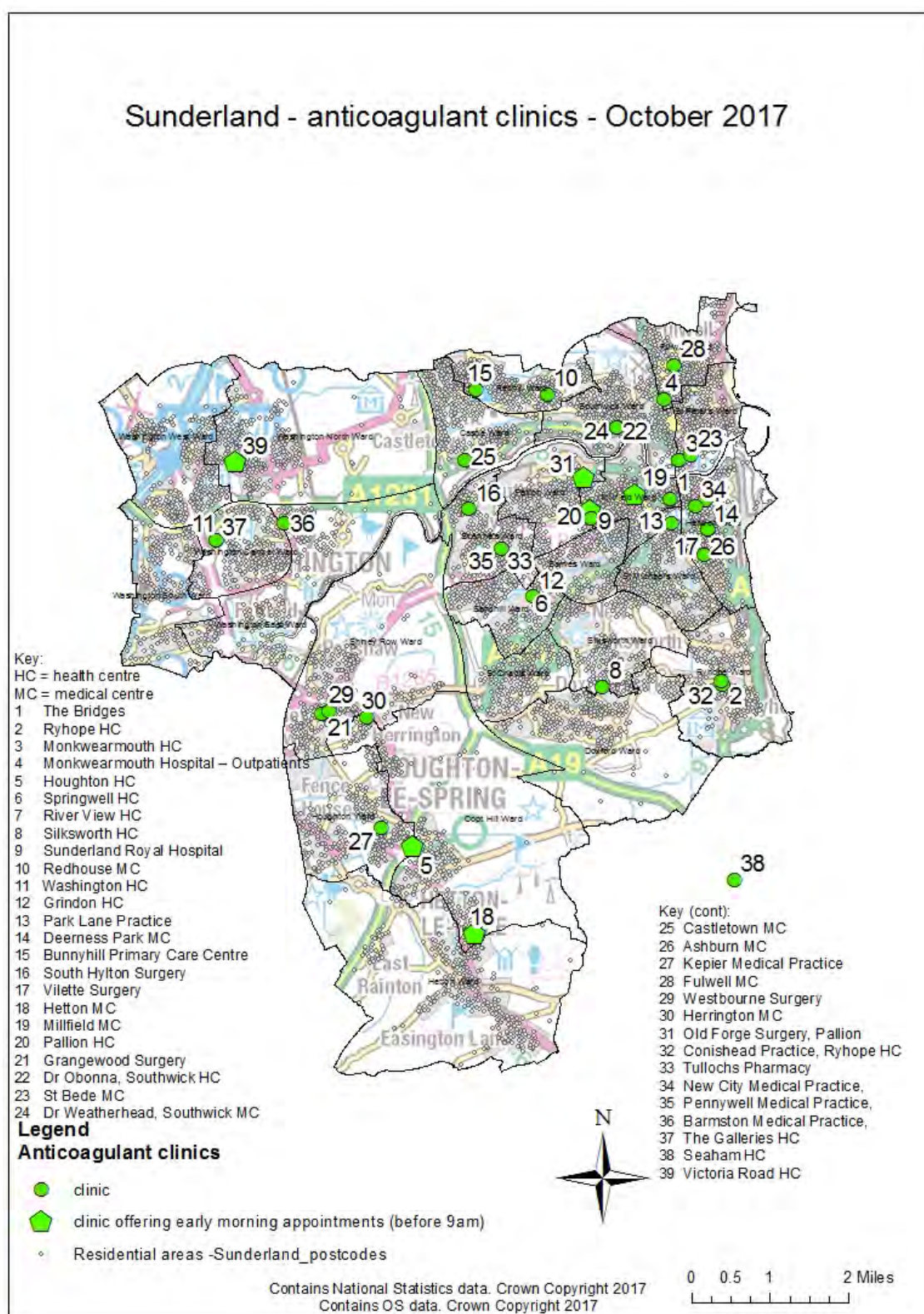
Anticoagulant medicines are commonly prescribed for people who have had a condition caused by blood clots or who are at risk of developing a blood clot such as:

- Deep vein thrombosis - a blood clot in one of the deep veins in the body, most commonly in the larger vein that runs through the calf or thigh muscles;
- Pulmonary embolism – a blockage in the blood vessel that carries blood from the heart to the lungs;
- Atrial fibrillation - a heart condition that causes an irregular and often abnormally fast heart rate;
- High or moderate risk of stroke.

Anticoagulant medicines work by reducing the ability of the blood to clot. A side effect of all anticoagulants is the risk of excessive bleeding. Anyone taking anticoagulant medicines will need to be monitored closely to check that they are on the correct dose and not at risk of excessive bleeding. The most common test for this is the international normalisation ratio (INR).

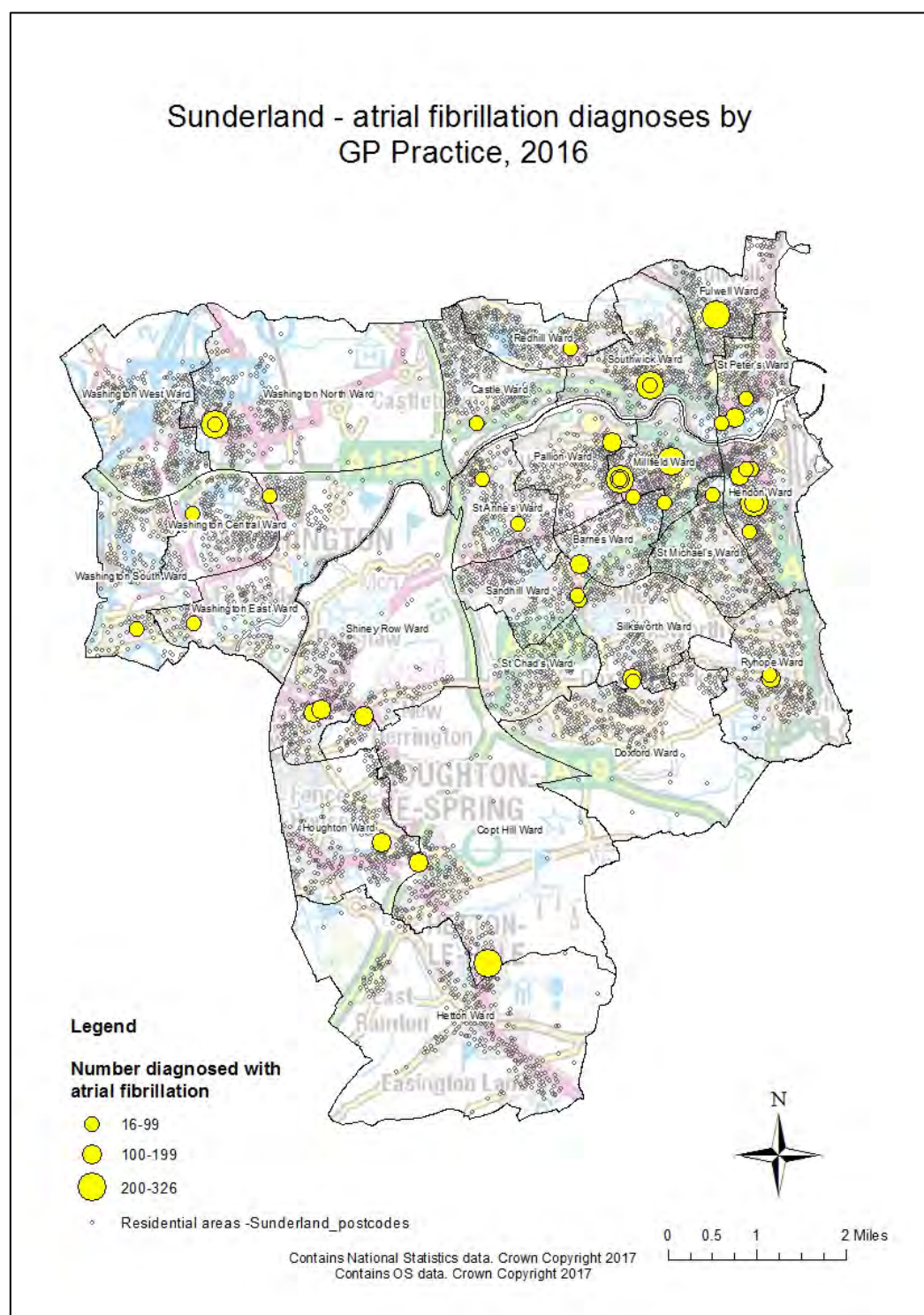
Sunderland CCG has commissioned a community based initiation, stabilisation, monitoring and dosing 'One Stop Shop' anticoagulant therapy service for non-complex patients aged 16 years and over. The aim of the service is to ensure patients receive anticoagulation therapy initiation and monitoring promptly, in line with all relevant clinical guidelines.

Figure 15: Location of clinic providing the anti-coagulant (INR) service



Data Source 61: Information on commissioned community pharmacy services for Sunderland. NHS Sunderland CCG, October 2017

Figure 16: Location of GP practices showing volume of patients diagnosed with atrial fibrillation



Data Source 35: [Quality and Outcomes Framework \(QOF\), 2015/16](#). NHS Digital, October 2016.

Contracts were awarded through a competitive process under the “any qualified provider” process with the aim of reducing inequalities in access to anticoagulation therapy, improving anti-coagulation control in patients and reducing drug-associated complications. The list of providers, which includes two community pharmacy providers, is as follows:

- City Hospitals Sunderland NHS Foundation Trust;
- Deerness Park Medical Group;
- IntraHealth Ltd;
- Boots UK, Ltd;
- Chemcare Ltd.

Contracts were awarded to a range of providers which run clinics on different days and times at a range of venues across the city (see Appendix 6). Figures 15 and 16 show that there is adequate provision of this service in all Sunderland localities and that there is good correspondence between the location of clinics and the likely need in the population (based on the diagnosis of atrial fibrillation within the population).

The CCG had intended to re-procure this service during 2017/18, but following feedback from the market engagement exercise for the out of hospital model, the CCG is seeking to extend contracts with existing providers until the end of March 2019.

8.1.3 Emergency supply of palliative care medicines

The following seven community pharmacies (including four of the 100 hour pharmacies) hold stock of specialist medicines which may be prescribed for patients at the end of life or for palliative care:

- ASDA Pharmacy, Grangetown, SR2 9TT (Sunderland East)
- Lloyds Pharmacy, Hendon, SR1 1AE (Sunderland East)
- Million Pharmacy, Millfield, SR4 7XA (Sunderland East)
- Avenue Pharmacy, Monkwearmouth, SR6 0BD (Sunderland North);
- Lloyds Pharmacy, Riverside Road, Southwick, SR5 3JG (Sunderland North);
- Lloyds Pharmacy, Silksworth, SR3 1PD (Sunderland West);
- ASDA Pharmacy, Galleries Shopping Centre, NE38 7NF (Washington).

Following the closure of Lloyds Pharmacy at Hendon from 13th June 2018, there will be six community pharmacies (including three of the 100 hour pharmacies) hold stock of such medicines.

Sunderland CCG continues to commission an on-call pharmacist service to provide access to an agreed list of palliative care medicines out-of-hours. The service is well integrated into the palliative care nursing and GP out-of-hours services and provides a mechanism for healthcare professionals to contact an on-call pharmacist via an agreed phone number. Following contact, the pharmacist will arrange for a pharmacy to be opened in order for the medicines to be dispensed. The pharmacist can also arrange for medicines to be delivered, if the patient or carer cannot attend the pharmacy to collect the medicines.

8.2 Sunderland City Council

The public health team at Sunderland City Council currently commissions the following services from community pharmacies:

- Intermediate stop smoking services;
- Dispensing service for smoking cessation products such as nicotine replacement;
- Supervised consumption of opiate substitutes;
- Needle exchange;
- Emergency hormonal contraception; and
- Healthy Start Vitamins (new from December 2017).

During 2017/18 Sunderland City Council has been re-commissioning these services and has commissioned a new service for the provision of Healthy Start Vitamins. The number of community pharmacies that commenced delivery in December 2017 is as shown in Table 14 below. A small number of pharmacies have yet to complete the commissioning process.

Table 14: provision of local authority commissioned locally commissioned services, by locality from 1st December 2017

	Intermediate stop smoking services*	NRT Voucher Scheme	Supervised consumption	Needle exchange*	Emergency hormonal contraception	Healthy Start Vitamins
Coalfields	9	9	4	0	5	5
East	8	10	8	1	5	5
North	6	6	8	2	4	1
West	10	11	9	3	9	7
Washington	3	6	7	2	4	2
SUNDERLAND	36	42	36	8	27	20

Data Source 63: Information on commissioned community pharmacy services for Sunderland. Sunderland City Council, December 2017.

Note: * there are other types of providers for the intermediate stop smoking and needle exchange.

8.2.1 Stop smoking service (intermediate advisors)

Stop Smoking services make a significant contribution to tackling health inequalities, reducing premature mortality, and increasing life expectancy by supporting smokers to give up smoking. The local authority public health team monitors the numbers of smoker achieving a successful 4-week quit as an interim outcome towards reducing the prevalence of smoking within the population.

Intermediate stop smoking services follow an evidence based model of service. They are delivered by a range of providers across the city including GP practices, community pharmacies, community and voluntary sector organisations, the local authority and the independent sector. Co-ordination of the providers of intermediate stop smoking services is undertaken by mentors within the Live Life Well service.

The aim of the service is to provide clients with access to stop smoking advice and pharmacological support as appropriate, in convenient locations. Intermediate stop smoking advisors are also able to provide nicotine replacement therapy vouchers of recommendation directly to the patient to then be dispensed at a participating pharmacy (see 8.2.2).

Community pharmacies continue to make a valuable contribution to the reduction in the number of smokers across Sunderland with 35 of the 68 community pharmacies providing the intermediate stop smoking service alongside GP practices and community venues. During 2016/17, approximately 8.0% of smokers in Sunderland accessed a stop smoking services. This resulted in 3,223 quit attempts and 1,544 successful quits. Community pharmacies supported 1,139 (35.3%) of these quit attempts and achieved 571 (37.0%) successful quits ^(data source 14).

Figure 17 shows the location of stop smoking services across the city, compared to the prevalence of smoking amongst adults aged 18 years and over. This shows that there is a good distribution and sufficient provision of stop smoking services in or near to areas with the highest prevalence of adult smoking.

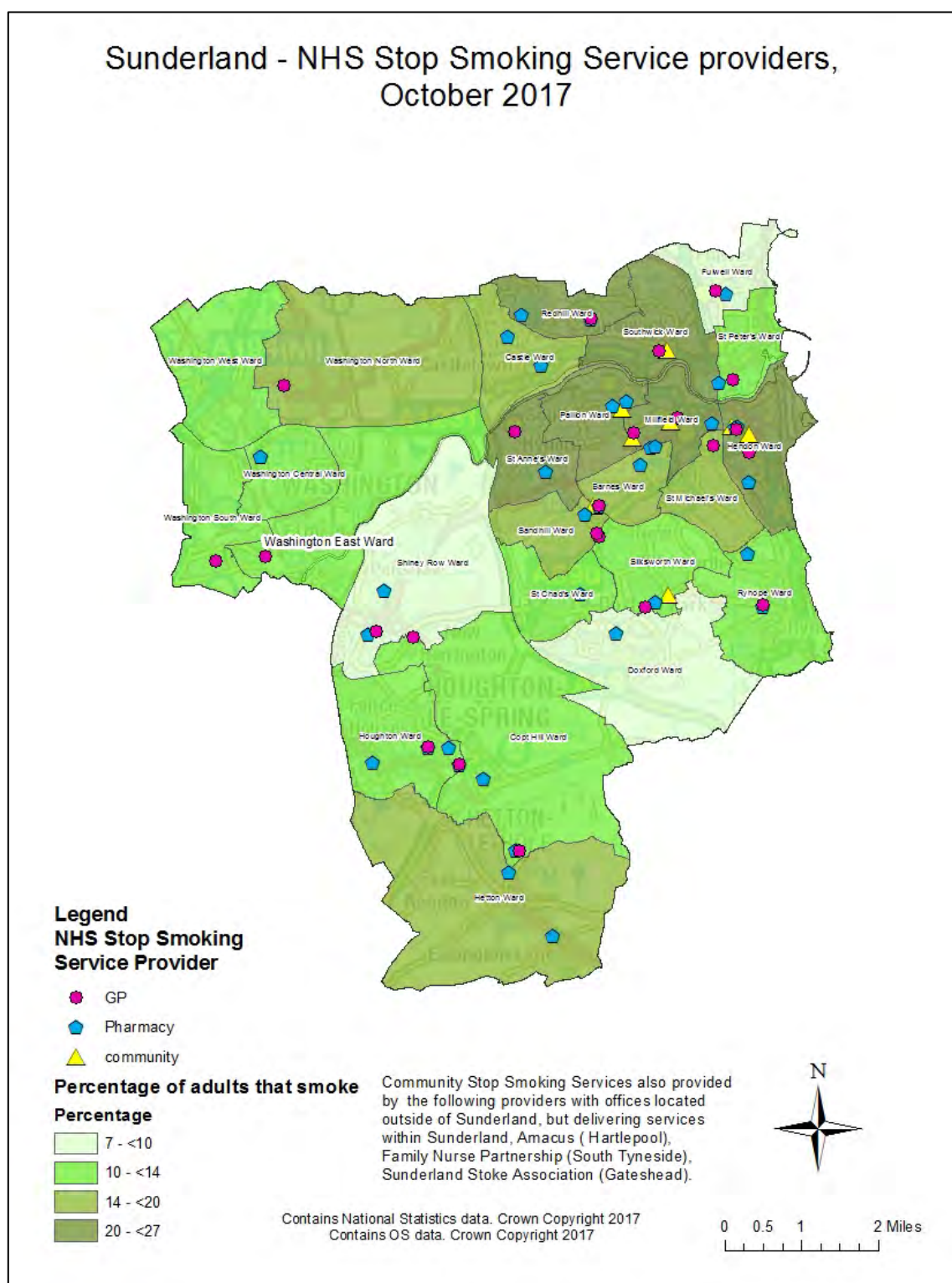
8.2.2 Nicotine replacement therapy (NRT) vouchers (dispensing)

Community pharmacists are able to dispense NRT vouchers of recommendation provided by any intermediate stop smoking advisor in Sunderland. The clinical responsibility for issuing the product and the final choice rests with the pharmacist.

The aim of the service is to complement the stop smoking service and improve access to, and choice of, pharmacological stop smoking aids. Thirty eight out of 68 pharmacies participated in the NRT voucher scheme during 2016/17. Co-ordination of the voucher scheme is undertaken by the Live Life Well service.

During 2017/18, the public health team has reviewed the list of pharmacological stop smoking aids that are available through the voucher scheme and undertaken a redesign of the vouchers. This is intended to reduce the diversion of products for resale rather than supporting stop smoking activities.

Figure 17: Location of Stop smoking service providers compared to adult smoking prevalence



Data source 12: Sunderland Adult Health & Lifestyle Survey 2017. Sunderland City Council, December 2017.

Data Source 62: Information on commissioned community pharmacy services for Sunderland. Sunderland City Council, October 2017.

8.2.3 Supervised consumption of opioid substitutes

Substances such as heroin, opium and morphine are known as 'opioids'. Many opioids are 'psychoactive', which means they affect the way the brain works and can change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems; there is also a danger that a person could take a fatal overdose.

Services have been commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or Buprenorphine) for dependent drug users who have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse treatment and harm reduction service.

When a pharmacist supervises the patient's consumption of the opioid substitute 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.

Within Sunderland, 34 of the 68 community pharmacies and one community pharmacy within County Durham provided the supervised administration service during 2016/17. This includes provision in all five Sunderland localities.

During 2016/17, 1,192 registered service users made use of the service, of which 805 (67.5%) were prescribed methadone and 524 (44.0%) were prescribed buprenorphine, 137 (11.5%) had been prescribed both medications during the year. In total there were 15,843 supervisions of consumption and 1,771 take out doses issued during the year.

Analysis has shown that 21.6% of all clients accessing the service do so at Lloyds Pharmacy in Hendon; clients from all five localities make use of this pharmacy. We also know that some Sunderland residents make use of community pharmacies in County Durham to access this service.

The closure of Lloyds Pharmacy at Hendon from 13th June 2018 leaves a significant number of clients for this service who need to be found alternate provision. The public health team is already working with other local pharmacies, the LPC and the provider of the integrated substance misuse treatment and harm reduction service (Wear Recovery) to ensure safety and continuity of service. We are confident that appropriate alternative provision can be secured.

8.2.4 Needle exchange scheme

The needle exchange scheme is a harm reduction service which aims to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and reduce the incidence of other infections associated with sharing injection equipment, and reduce the risk of needle stick injuries to others by reducing drug related litter through the safe disposal of injecting equipment (e.g., sharps boxes).

Service providers distribute sterile injecting equipment, provide advice and information on the safe disposal of injecting equipment, and distribute appropriate literature advising on harm reduction, safer sex and local services to all injecting drug users. The service aims to reduce the sharing of injection equipment by encouraging the return of used material in exchange for clean equipment on a “one to one” basis. The service is delivered by three hubs of the integrated substance misuse treatment and harm reduction service (Wear Recovery) and in four community pharmacies.

Current providers of the service are as follows:

- Wear Recovery hub, 62 Newbottle Street, Houghton-le-Spring, DH4 4AJ (Coalfields);
- Wear Recovery hub, 4-6 Mary Street, SR1 3NR (Sunderland East);
- Lloyds Pharmacy, Hendon, SR1 1AE (Sunderland East);
- Davy’s Pharmacy, Castletown, SR5 3BQ (Sunderland North);
- Lloyds Pharmacy, Fulwell, SR6 9BX (Sunderland North);
- Wear Recovery hub, Vermont House, Concord, NE37, 2SQ (Washington);
- Lloyds Pharmacy, the Galleries, NE38 7SS (Washington).

The closure of Lloyds Pharmacy at Hendon from 13th June 2018 creates a potential gap in provision of this service, as this pharmacy was a key provider of needle exchange. The public health team is already working with the provider of the integrated substance misuse treatment and harm reduction service (Wear Recovery) to identify suitable alternative provision.

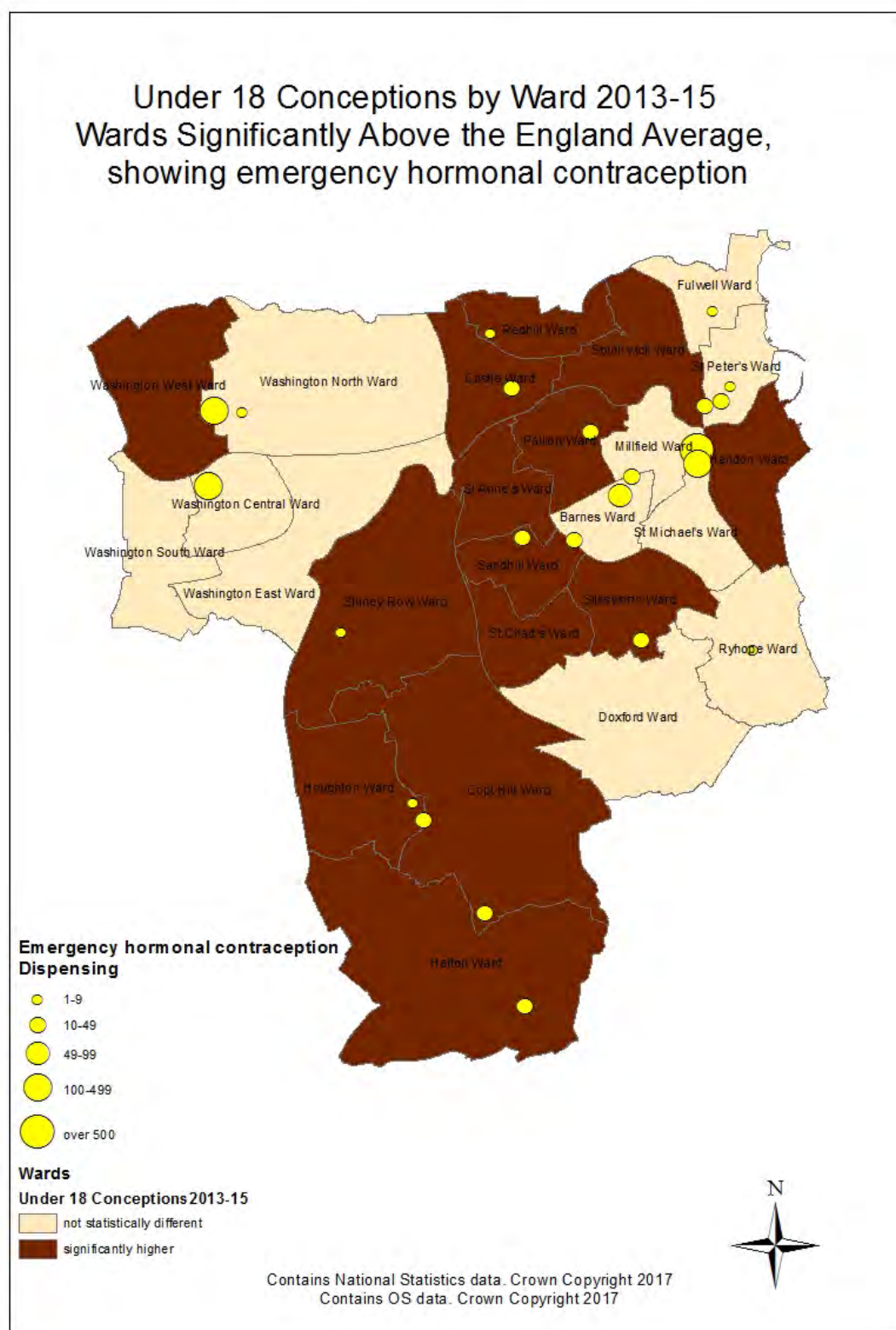
8.2.5 Emergency Hormonal Contraception (EHC)

Sunderland continues to have high rates of unintended pregnancy, particularly within the under 18 population ^(data source 24). Easy and equitable access to emergency hormonal contraception is an important strategy in the drive to reduce teenage pregnancies across Sunderland.

Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient. The service aims to improve access to emergency hormonal contraception by providing it “free at the point of issue” to females aged 13 years and over in community pharmacies in Sunderland. This service also helps to increase the knowledge of emergency contraception and its use, especially among young people. Whilst emergency hormonal contraception is available to purchase without prescription at community pharmacies, the retail cost of around £28 means that it may be unaffordable for many in greatest need. And as the product is not licensed for use in for women aged under 16 years, it would not be possible for girls in this age group to buy it over the counter.

Pharmacists who provide the service are specifically trained to assess the patient’s suitability for emergency hormonal contraception and provide the medication against a Patient Group Direction. The patient will also be provided with support and advice and can be referred to specialist services if appropriate.

Figure 18: Provision of emergency hormonal contraceptives compared to under 18 conception rates



Data Source 24: [Conception Statistics, England and Wales, 2015](#). Office for National Statistics, March 2017.

Data Source 62: Information on commissioned community pharmacy services for Sunderland. Sunderland City Council, October 2017.

Within Sunderland, 23 out of 68 community pharmacies are providing emergency hormonal contraception. This includes provision in all five Sunderland localities and includes two 100 hour pharmacies, which provide evening and weekend open hours. There is a willingness from the LPC to work with local community pharmacies and the public health team to further increase access and equity of this service.

Figure 18 shows the pattern of provision of emergency hormonal contraception compared to teenage conception rates. This shows that there is provision in or near to areas where teenage conception rates are high. The current coverage from the community pharmacies offers reasonable accessibility and choice.

In total, during 2016/17 the service provided 1,668 interactions; of these 57% related to unprotected sex, 33% to condom failure, and 9% to a missed pill. Previous use of emergency contraception was reported for 37% of the interactions. Around two thirds of interactions are at community pharmacies at The Bridges, Park Lane and The Galleries.

8.2.6 Healthy Start Vitamins

Healthy Start is a statutory UK-wide government scheme ⁽³⁹⁾, which aims to improve the health of pregnant women and families on benefits or low incomes. One element of the scheme is the availability of vitamin supplements for eligible women who are pregnant or who have a baby aged under 1 year (containing folic acid and vitamins C and D) and for children aged from six months to four years (containing the recommended amounts of vitamins A, C and D).

Whilst the responsibilities for commissioning are split between the local authority and the clinical commissioning group, Sunderland City Council has taken the lead in securing provision of this service. The Service aims to establish a clear and accessible pathway for the supply of Healthy Start Vitamins through community pharmacies. A voucher scheme will ensure that all women and families eligible to receive free Healthy Start Vitamins are able to access them locally. Community pharmacies will also make Healthy Start Vitamins available on general sale for those who are not eligible to access them for free but, may benefit from them.

This new service commenced on 1st December 2017.

8.2.7 Summary

During 2017/18, Sunderland City Council has been re-commissioning all of the existing services it commissions from community pharmacies (i.e., intermediate stop smoking services, dispensing service for smoking cessation products, supervised consumption of opiate substitutes, needle exchange, and emergency hormonal contraception). It has also commissioned a new service for the provision of Healthy Start Vitamins, which commenced in December 2017.

During the consultation period, Sunderland CCG is notified its intention to decommission the minor ailments service with effect from 29th April 2018. The CCG had also intended to re-procure its anti-coagulant (INR) service during 2017/18, but following feedback from the market engagement exercise for the out of hospital

model, the CCG is seeking to extend contracts with existing providers until the end of March 2019.

After considering all the elements of the PNA, Sunderland Health and Wellbeing Board concludes that there is currently adequate provision of existing locally commissioned services across Sunderland, although access and equity of provision could be improved for some services (e.g., emergency hormonal contraception).

After considering all the elements of the PNA, Sunderland Health and Wellbeing Board concludes that with regard to locally commissioned services, the public health team should work with the CCG to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.

8.3 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Sunderland area that provide dispensing services to the registered population of Sunderland. Data from the NHS Business Services Authority ^(data source 56) for 2016/17 shows that Sunderland prescribers generated prescriptions for 8,324,457 prescription items; the total number of prescription items dispensed by Sunderland community pharmacies was 7,944,787 (95.4%) and 379,670 prescription items (4.6%) were dispensed by pharmacies outside of Sunderland. It is assumed that these pharmacies provide the full range of essential services.

During 2016/17, a total of 8,685,868 prescription items were dispensed by Sunderland community pharmacies; this included 741,081 items prescribed by prescribers from outside Sunderland ^(data source 56).

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. The Sunderland Health and Wellbeing Board therefore recommends that commissioners take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

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 Sunderland City Council, Sunderland Clinical Commissioning Group, or NHS England. These services are often very valuable for special patient groups e.g. the housebound, but are provided at the discretion of the pharmacy owner. 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.

Sunderland City Council has undertaken a survey of community pharmacies. A total of 49 out of 68 community pharmacy contractors responded, which was a response rate of 72%. The following list of non-commissioned services was identified within these responses:

- Blood cholesterol check;
- Blood glucose check;
- Blood pressure check;
- Weight management;
- Travel health and travel vaccines;
- Other vaccinations (e.g., meningitis, HPV);
- Hair loss service;
- Asthma support and inhaler technique;
- Period delay;
- Prescription collection service;
- Medicines delivery.

From this, it can be seen that pharmacies offer a wide range of non NHS services. Some of the services are not aligned with the strategic priorities of the CCG or the council, but may be fulfilling a customer generated demand for non NHS services.

9. Current and future pharmacist roles

9.1 Pharmacists as health professionals

Pharmacists are health professionals who have a specific expertise in the use of medicines. To a large extent, their clinical knowledge and expertise in the use of medicines has been underutilised within community pharmacy. Their expertise could be better harnessed to make a step change in the effective management of long term conditions though promoting effective self-care and self-management.

Community pharmacies provide convenient access to a less formal environment for people to seek and receive professional advice and help to deal with everyday health concerns and problems. The role of community pharmacies in promoting self-care has become more important as the healthcare budget has been stretched, and GPs have had less time to spend on those with more minor health conditions.

The white paper *Pharmacy in England* ⁽⁴⁰⁾, published in 2008, quoted a survey showing that 84% of adults visit a pharmacy at least once a year and three quarters of people visit a pharmacy every 6 months. Local engagement undertaken as part of the PNA process ^(data source 64) showed that these proportions may be even higher for the Sunderland population (see Section 10.2.1). Community Pharmacists in Sunderland are accessible and many offer extended opening times late into the evenings or at weekends to suit patients and customers. Furthermore, most pharmacies now have dedicated consultation areas specifically designed for private discussion. They are increasingly seen by the public in Sunderland ^(data source 64) as an effective and accessible way of access health advice.

Contractual arrangements for community pharmacies, which leave them largely reliant on prescription numbers to generate revenue, may undermine the development of local services and hinder delivery of Sunderland's vision of integrated primary care and whole system 7 day working. The recently imposed two-year funding package ⁽⁷⁾ which reduced core funding and made significant changes to fees and allowances is unlikely to alleviate this issue and may exacerbate it. This is a national contractual issue and Sunderland Health and Wellbeing Board would wish to support NHS England in its endeavours to find a resolution.

Whilst the Sunderland economy of community pharmacies has been stable since the last Sunderland PNA, with only the addition of one exempt category pharmacy to the market, it is by no means certain that this stability will continue. It is anticipated that some pharmacies may close as a result of the reduction in funding. Sunderland Health and Wellbeing Board will keep the situation under review.

9.2 Current role of community pharmacy

Sunderland CCG has set out its strategy for medicines optimisation (i.e., the safe and effective use of medicines) within its *Operational Plan* ⁽⁷⁾. This is closely aligned with local strategic priorities and will support the delivery of key national priorities as follows:

- Improving quality, safety and patient experience through the development of a joint formulary of medicines for primary and secondary care;
- Supporting the production and implementation of local guidelines to improve and standardise patient care;
- Implementing productivity schemes to ensure that medicines are used in the most cost effective way;
- Having a process for developing and authorising patient group directions (PGDs) which are written instructions, signed by a doctor and agreed by a pharmacist, that allow other healthcare professionals to supply or administer medicines to patients, usually in planned circumstances;
- Centralising processes for repeat prescribing; and
- Reducing the prescription of common over the counter medicines.

This work is supported by the Medicines Optimisation and Guidelines Group (MOGG) and the Sunderland Joint Formulary Committee. Community pharmacy is represented on the MOGG.

Sunderland CCG 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. Community pharmacy contributes by:

- Dispensing medicines;
- Advising on medicine use;
- Promoting and protecting health;
- Supporting the prevention agenda; and
- Helping people to develop the knowledge and skills to self-care.

The CCG is already using the expertise of community pharmacists to support patients with minor illness, to contribute to particular treatment pathways (e.g., cellulitis) and to help people avoid admission and re-admission to hospital.

Sunderland 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 public health team places considerable value on the face to face contact that community pharmacists have with members of the public which provides an opportunity to "make every contact count". It is for this reason that public health funds the Live Life Well Service to provide support to pharmacies throughout their journey towards achieving Healthy Living Pharmacy accreditation.

The public health team is concerned that the national emphasis on electronic channels for accessing medicines may have unintended consequences by removing the face to face contact between patients and their carers and the pharmacist. This could result in the loss of the opportunity to raise health issues with the pharmacist in a holistic way and receive information, advice, support and signposting to other

services in return. Maintaining contact between the public and pharmacists will be essential for self-care and self-management. This view is strongly supported by the Health and Wellbeing Board.

The important contribution that community pharmacy already makes to the delivery of the Joint Health and Wellbeing Strategy is summarised in Appendix 7.

9.3 Possible future role of community pharmacy

The Government vision for community pharmacy ⁽¹¹⁾ is that it should be more “integrated with the wider health and social care system” in order to:

- Help relieve pressure on GPs and Accident and Emergency departments;
- Ensure optimal use of medicines;
- Achieve better value for money and better patient outcomes;
- Support the promotion of healthy lifestyles and ill health prevention; and
- Contribute to delivering 7 day health and care services.

Furthermore, the vision emphasises that community pharmacies could play an even greater role within more integrated local care models by making greater use of pharmacists’ clinical skills and harnessing the skills of the wider pharmacy team to “make every contact count”. This could include their role in:

- Preventing ill health;
- Supporting good health;
- Optimising medicines usage;
- Supporting people with long term conditions;
- Treating minor illness and injuries; and
- Taking referral from other health and care providers.

Delivery against this vision is supported by two key areas of transformation:

- First, **enabling pharmacists to make greater use of their clinical skills** – this will see pharmacists freed up to support patients to make the most of their medicines, promote health and provide advice to help people live better, harnessing the skills of the wider pharmacy team to support and deliver high quality patient centred health and care.
- Secondly, **developing and implementing digital technologies for community pharmacy** – this will provide the infrastructure to allow integration with clinical pathways to support medicines optimisation for patients and modernise the process of ordering prescriptions and collecting dispensed medicines for patients and the public (e.g., online ordering and “click and collect” approaches).

In order to harness the clinical expertise of community pharmacists, it will be necessary to move beyond the traditional model of dispensing and supply of medicines towards a broader focus on clinical care and patient outcomes. Community pharmacy will need to be better integrated into the provision of primary care and public health services. The Sunderland health economy is in a strong

position in this regard, having piloted a number of initiatives which are in line with key transformation priorities and strategic plans.

Recognising that there was a surplus of pharmacists completing degrees within the City, Sunderland CCG became part of NHS England's national pilot of clinical pharmacists in general practice. Working through the Sunderland GP Alliance, the pilot has provided seven clinical pharmacists working across 12 general practices in the City. Clinical pharmacists deliver care directly to patients and support the long term transformation of the primary and community care workforce through advice, training and changes to skill mix within general practice. The pilot is expected to help address the pressing workforce challenges facing general practice in the City. During 2017-18, the pilot will explore the introduction of referrals from clinical pharmacists to community pharmacists to support patients with their medicines.

As Sunderland has developed its model of out of hospital care, community pharmacists have contributed to the development of five integrated locality teams across the City. Clinical pharmacists are providing input into multidisciplinary team assessment for the most vulnerable people in the City; this includes structured, patient-centred medication reviews. As work to develop the model continues, it is the intention to extend this support to patients who have a number of long term conditions and have regular contact with the health and care system. This model of care also includes pharmacists supporting Care Homes to make more efficient and effective use of medicines including through de-prescribing and shared decision making to achieve more patient centred outcomes.

Community pharmacists are keen to make greater use of the process of clinical handover (previously referred to as a “transfer of care”) that is in place across Sunderland. This would allow a safer hand over of care for patients with the greatest needs and those with long term conditions who have had a hospital admission. It should also support an increase in activity for the New Medicine Service and Medicine Use Review service which can support patients to self-manage and avoid unnecessary hospital admissions.

Sunderland CCG's strategy for medicines optimisation ⁽¹⁷⁾ highlights the importance of community pharmacy within the context of urgent care. Nineteen community pharmacies across the City provide the NHS Urgent Medicine Supply Advanced Service. In addition, it is recognised that patients with fairly low levels of need are creating a burden on urgent and emergency care services. In response, NHS England is commissioning a national pilot of an NHS Community Pharmacy Referral Service scheme. Sunderland is participating in this pilot that runs from 4th December 2017 until 31st March 2018. The pilot allows for patients who ring NHS 111 and who have relatively low levels of need (e.g., brief advice, an over the counter medicine, a minor ailment) to be referred to a community pharmacy for self-care advice and support. Its aim is to ensure that patients have access to improved levels of care, closer to home, with a self-care emphasis. Thirty three local community pharmacies are participating in this pilot (see section 7.4.1).

Sunderland is also well placed to support implementation of digital technologies for community pharmacy. All GP practices and 58 community pharmacies across the City are actively using electronic prescribing, and two thirds of prescription items

being prescribed and dispensed are via electronic prescribing. The public health team is concerned that the national emphasis on electronic channels for accessing medicines may have unintended consequences by removing the face to face contact between patients and their carers and the pharmacist which is important for self-care and public health.

Sunderland City Council's public health team wishes to make full use of community pharmacies to improve public health in their local communities and to "make every contact count". It is funding the Live Life Well Service to provide support to pharmacies throughout their journey towards achieving Healthy Living Pharmacy accreditation. Accredited community pharmacies can act as a hub for health promotion activities and knowledge within their local community – a one stop shop, gaining the trust and support of local residents and increasing footfall.

Possible roles for community pharmacists could include using their expertise to tackle problems related to:

- Poor use of medicines and adverse effects (between one third and one half of medicines prescribed for long term conditions are thought not to be taken as recommended) ;
- Avoiding hospital admissions and readmissions (between 4% and 5% of hospital admissions are thought to be due to preventable medicines-related problems);
- Tackling loneliness and social isolation in older people through pharmacy delivery services or domiciliary visits;
- Support for patients with minor ailments (many GP consultations which involve minor ailments could be dealt with by pharmacists);
- Promoting healthy lifestyles, encouraging the responsible use of alcohol, supporting healthy weight management and promoting mental wellbeing;
- Identifying those with previously undiagnosed long term conditions with a focus on reaching those who do not routinely visit their GP; and
- Reducing waste (unused medicines account for at least 1% of the primary care drug budget).

The national vision for community pharmacy is in line with the local strategy and aspirations, though current national policy is not fully aligned with the vision. Community pharmacy has a critical role to play in the Sunderland health system.

Appendix 7 also sets out examples of possible future pharmacy contribution to the delivery of the Joint Health and Wellbeing Strategy. The examples given are illustrative and should not be considered as firm commissioning intentions.

10. Engagement and Consultation

10.1 Stakeholder engagement

10.1.1 The survey and respondent characteristics

Between 4th July and 13th August 2017 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 through Sunderland City Council's consultation portal with survey title "[Using your local pharmacy](#)". The survey was promoted using social media and through the Sunderland City Council, HealthWatch Sunderland and Sunderland Local Pharmaceutical Committee websites. The engagement team also used paper hard copy versions of the same questionnaire at a range of engagement events over the same period.

In total, 462 survey responses were received and these have been considered as part of this pharmaceutical needs assessment ^(data source 64).

The characteristics of the 462 respondents are given below:

- 71% were female and 29% were male.
- 25% were aged 16-44, 55% were aged 45-64 and 20% were aged 65 or over.
- 91% described themselves as being heterosexual or straight, 2% described themselves as gay or lesbian, a further 1% described themselves as bisexual, less than 1% described themselves as other, and 6% stated they did not wish to disclose their sexual orientation.
- 97% stated they were from a white ethnic groups, 3% stated they were from an ethnic groups other than white – this included some respondents from Asian, black, and mixed ethnic groups.
- 67% stated that their religion or belief system was Christian, 25% stated they had no religion or belief system, 4% stated they did not wish to disclose their religion, and small numbers stated they had another religion or belief system – these included Muslim, Hindu and Buddhist.

Around 26% of respondents stated that they had one or more disabilities. Of these around 47% reported having two or more impairments, 50% reported having a single impairment and 3% did not supply details of their impairment. The most commonly reported impairments were reported as (in order of frequency):

- A long term medical condition (55%);
- Mobility problems but not a wheelchair user (42%);
- A mental health condition (32%);
- A hearing impairment (12%);
- A visual impairment (9%);
- Mobility problems and a wheelchair user (9%);
- A hidden impairment (7%);
- A learning disability (5%);
- Some other disability (4%);
- A speech impairment (1%).

10.1.2 How we use community pharmacies and what we think of them

Most respondents (91%) said they use local community pharmacies within Sunderland. About 32% state that they use the same pharmacy all the time and about 54% said they use the same pharmacy most of the time.

Unlike some other health services, community pharmacies can have very regular contact with individuals. About 8% of respondents said they use their community pharmacy at least once per week, about 49% said they use the community pharmacy at least one per month and a further 30% said they use their community pharmacy at least once every 3 months. Only 5% of survey respondents said they used the pharmacy less frequently than once every 6 months.

The most commonly used community pharmacy services were reported as (in order of frequency):

- Prescription pick-up (83%)
- Repeat prescriptions (63%)
- Purchase of over the counter medicines (58%) – most commonly pain medications, cold remedies and antihistamines
- Seek advice from the pharmacist (39%)
- Electronic prescribing (29%)
- Dispose of old or unwanted medicines (27%)
- Review of medicines (8%)

Relatively small numbers of respondents reported using a commissioned service or lifestyle intervention such as: stop smoking support, emergency contraception, needle exchange or supervised consumption. A small number of respondents report using non-commissioned services such as weight management.

When asked how useful they find their local community pharmacy:

- 37% of respondents said they were extremely useful;
- 45% of respondents said they were very useful;
- 16% of respondents said they were moderately useful;
- 2% of respondents said they were slightly useful;
- 1% of respondents said they were not at all useful.

Respondents who found their community pharmacy most useful tended to be regular users of the pharmacy, had developed a positive relationship with the staff who they viewed as knowledgeable and helpful, and were making use of self-care advice and electronic prescription services. They had realistic expectations of what the pharmacy could provide and knew that the staff would take time to understand their issues and discuss options and solutions with them. They described the pharmacy as “being handy” and felt that it could provide advice and support more swiftly than their GP.

Respondents who found their community pharmacy least useful tended to be more intermittent users of the pharmacy. They tended to report not being able to access

the medicine or product they wanted, of receiving a product that did not work for them, of experiencing long waits in the pharmacy, and having negative views of pharmacy staff.

10.1.3 Accessibility of community pharmacies

The most common modes of transport used to get to the community pharmacy are (in order of frequency and noting that some journeys involve more than one mode):

- By car or taxi (62%);
- On foot (47%);
- Using public transport (10%);
- Other (2%) – this includes cycling, by wheelchair, or using the medicines delivery service.

When asked about how easy or difficult it is to access their usual pharmacy using different modes of transport:

- 95% of respondent said it was easy to get there by car or taxi; 3% said it was difficult.
- 80% of respondents said it was easy to get there on foot; 17% said it was difficult.
- 67% of respondents said it was easy to get there by public transport; 14% said it was difficult.

Table 15: Views on ease of access to pharmacies, by locality

	Car or Taxi		On Foot		Public Transport	
	Easy	Difficult	Easy	Difficult	Easy	Difficult
Coalfields	100%	0%	80%	18%	58%	21%
East	92%	7%	84%	9%	68%	9%
North	98%	2%	88%	9%	78%	8%
West	99%	0%	79%	20%	55%	24%
Washington	96%	2%	66%	32%	73%	13%
SUNDERLAND	95%	3%	80%	17%	67%	14%

Data source 62: Public views on “Using your local pharmacy”. Sunderland City Council, August 2017.

Table 15 shows these views broken down by locality, where it was possible to assign responses based on partial postcodes. This suggests that community pharmacies are easily accessible by car in all five localities, and generally accessible on foot in the Coalfields, Sunderland East and Sunderland North. Community pharmacies are least accessible on foot in Washington and Sunderland West and least accessible by public transport in Sunderland West and Coalfields.

When asked about how easy or difficult it would be for people with a disability to access community pharmacies:

- 68% of respondents thought it would be easy for someone with a physical disability to access the pharmacy; 13% thought it would be difficult.
- 56% of respondents thought it would be easy for someone with mental health problems to access the pharmacy; 7% thought it would be difficult.
- 52% of respondents thought it would be easy for someone with a learning disability to access the pharmacy; 8% thought it would be difficult.
- It should be noted that a number of respondents did not feel that they could comment on how accessible community pharmacies would be for people with disabilities; more felt able to comment regarding physical disability, but around 37-40% felt unable to comment regarding mental health problems and/or learning disability.

Factors which were commonly identified as making community pharmacies more accessible were as follows:

- Being local;
- Being close to a doctor's surgery, local shops or workplaces;
- Having parking spaces (including disabled parking bays) close by;
- Being on a main bus route;
- Having friendly and familiar staff who are helpful and respectful;
- Being located on the flat, in a single level premises with no steps;
- Not being too busy or too crowded;
- Having space for private conversations;
- Having accessible doors that are either automatic or operated by a push button;
- Having adjustments to the entrance such as dropped kerbs and ramps;
- Having wide aisles with spaces between racks;
- Providing seats for customers;
- Having clear signage.

When asked what they thought was a reasonable distance to travel to a community pharmacy, respondents provided a range of comments to indicate that someone's ability to travel to a community pharmacy is dependent upon a range of factors including: their age, their state of health, whether they have mobility issues, the local geography, whether they have access to a car or rely on public transport, whether they can afford to pay for transport, and the day of the week and time of day at which the need arises. It was also noted that prescription delivery services were available for those unable to travel to a community pharmacy.

In total, 259 survey respondents gave a response that included a statement of distance (whether in yards, miles or number of bus stops) or time travelled by a particular mode of transport that could be broadly translated into an equivalent distance. These were as follows:

- 3% of respondents thought it was reasonable to travel up to ½ mile;
- 25% of respondents thought it was reasonable to travel between ½ and 1 mile;
- 41% of respondents thought it was reasonable to travel between 1 and 2 miles;
- 17% of respondents thought it was reasonable to travel between 2 and 3 miles;
- 14% of respondents thought it was reasonable to travel between 3 and 5 miles;
- The shortest suggested distance was 100 yards and the longest was 5 miles.

10.1.4 What we do when the pharmacy is closed

Less than a fifth of respondents (18%) reported that on at least one occasion during the last year they had found the pharmacy closed when they tried to use it. This most frequently occurred on a weekday (24%, most often at lunchtime), followed by a Saturday (24%, most often in the afternoon), followed by a Sunday (13%, most commonly in the morning), followed by a bank holiday (8%, most often all day).

When asked about the purpose of their visit on the occasion that the pharmacy was closed:

- 53% of respondents stated they wanted to fill a prescription;
- 12% of respondents stated they wanted to buy an over the counter medication;
- 9% of respondents wanted medication, but it was unclear whether this was prescribed or over the counter;
- 8% of respondents wanted something else (including bandages, emergency contraception and advice on mental health issues).

When asked whether they considered that their visit on the occasion that the pharmacy was closed was urgent:

- 51% said they thought it was urgent;
- 37% said they thought it was not urgent;
- 12% said they did not know whether it was urgent or did not answer the question.

When asked what they did on finding the pharmacy closed, the most common responses were as follows:

- 45% waited until the pharmacy opened;
- 35% went to another pharmacy that was open;
- 14% did not say what they did;
- 4% bought the medicine or product elsewhere e.g., local shops or supermarket;
- 1% went to an urgent care centre;
- 1% went to hospital.

When compared to the survey undertaken for the last PNA in 2015, a smaller proportion of people reported finding a pharmacy closed. When they did, people were more likely to wait, attend another pharmacy or find an alternative place to buy what they wanted and were less likely to attend an urgent care centre or hospital.

10.1.5 Do we have the right number of pharmacies?

For the first time in this survey, we asked whether people think Sunderland has the right number of pharmacies or not. Responses were as follows:

- 74% of respondent thought that Sunderland has the right number of pharmacies to meet needs;
- 18% of respondents think there are not enough pharmacies to meet needs;

- 8% of respondents think there are more than enough pharmacies to meet needs.

Table 16: Views on whether Sunderland has enough pharmacies, by locality

	Right number	Not Enough	More Than
Coalfields	84%	16%	0%
East	74%	21%	5%
North	71%	17%	12%
West	77%	15%	8%
Washington	74%	14%	12%
SUNDERLAND	74%	18%	8%

Data source 62: Public views on “Using your local pharmacy”. Sunderland City Council, August 2017.

Table 16 shows these views broken down by locality, where it was possible to assign responses based on partial postcodes.

10.1.6 Summary

Community pharmacists are an important part of the health system and can have very regular contact with some people using their services. Community pharmacies in Sunderland are valued by the people who use them.

Sunderland’s community pharmacies in all five localities are easily accessible by car and generally accessible on foot (though this is more difficult in Washington) and slightly less accessible by public transport. The survey has allowed people to articulate a range of factors that they think make pharmacies more accessible.

Most people thought it was reasonable to travel up to 2 miles to reach a pharmacy. The majority of survey respondents thought that Sunderland has the right number of pharmacies.

The following were common themes from the feedback:

- People welcome the ready access to health advice through their community pharmacy and recognise that this can be quicker than waiting for a GP appointment in some cases;
- Opening hours outside of 9.00 am to 5.00 pm on weekdays and during weekday lunchtimes are viewed as important by those working office hours;
- Those working Monday to Friday value weekend opening;
- There is a need to publicise pharmacy opening times in order to continue to reduce the number of occasions when people find the pharmacy closed when they try to use it;
- There was a view that community pharmacies should be open when GP surgeries are open.

A very small number of respondents reported negative experiences from their contact with community pharmacy e.g., pharmacy not having the medicine they had been prescribed, errors in dispensing, staff found to be rude or unhelpful, having to wait to be seen or problems parking. The vast majority of comments supplied were positive in nature.

10.2 Formal consultation

In line with the regulations, Sunderland Health and Wellbeing Board consulted for a minimum of 60 days with the following statutory consultees about the contents of this pharmaceutical needs assessment:

- The Local Pharmaceutical Committee;
- The Local Medical Committee;
- All those currently on the pharmaceutical list in the City;
- HealthWatch Sunderland, and through them with other patient, consumer or community groups with an interest in the issue;
- All NHS foundation trusts providing services in Sunderland;
- NHS England; and
- Health and Wellbeing Boards in South Tyneside, Gateshead and County Durham.

The formal consultation ran from 18th December 2017 to 16th February 2018. Notification was sent directly to the statutory consultees, but responses from others were encouraged and welcomed.

In total 16 responses to the consultation were received from:

- The Local Pharmaceutical Committee;
- The Local Medical Committee
- Persons on the pharmaceutical list in the City;
- NHS England North (Cumbria and North East);
- Representatives of Healthwatch Sunderland;
- Sunderland CCG;
- Individuals.

The consultation draft Pharmaceutical Needs Assessment was well received and feedback was generally positive. A summary of the consultation feedback and the Health and Wellbeing Board response is given on the following pages.

Do you think that the information contained in the consultation draft of the PNA accurately describes the current pharmaceutical services and locally commissioned services?

Consultation outcomes

Local Pharmaceutical Committee

- Our overall view is that this is an excellent document. It maps current pharmacy provision well. It sets out future needs for essential services and for locally commissioned services in a balanced way within the context of local and national priorities and policy, the health status and needs of the people of Sunderland, and funding considerations.
- We feel the document illustrates that community pharmacies in Sunderland are well placed and positioned to meet the public health needs of the population and are also able to broaden this role with new and expanded commissioned services.
- We have not commented on the sections on health status and needs within the City. Your public health team has done an excellent job setting these out and this resonates with our perception of the health challenges facing Sunderland.
- Fundamentally, we agree with the analysis within the PNA regarding the key health challenges facing the people of Sunderland, particularly a likely increase in the level of long term conditions, including increasing proportions of the population with multiple long term conditions; tackling the big four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – including for people with multiple unhealthy behaviours; delivering better integrated and more seamless care for individuals; and reducing over-reliance on hospital services, through promotion and support for self-care.
- Moreover, we argue that there are further opportunities for the commissioning of services provided by community pharmacy. The LPC would strongly encourage discussions with the Local Authority and the CCG that explore innovative and creative responses to these challenges.

NHS England North (Cumbria and North East)

- Thank you for inviting NHS England to comment upon the Sunderland Pharmaceutical Needs Assessment and for the work undertaken in producing the draft PNA.
- NHS England wishes to remind Health and Wellbeing Boards that the NHS Urgent Medicine Supply Advanced Service (NUMSAS) is a pilot and there is no certainty that it will become a permanent service after September 2018, and would therefore please ask you to ensure that where NUMSAS is referenced in the PNA, a qualifying statement is included regarding its current pilot status.

Sunderland CCG

- On 22/01/2018, Sunderland CCG took the decision to decommission the current minor ailment scheme, with service provision due to cease on 29/04/2018. The scheme in Sunderland has been found not to be as effective as other schemes locally, and it was felt that it did not offer good value for money to the CCG. The CCG is committed to continuing support for patients to self-care and will be looking at how this can be further developed in the future.
- The CCG had intended to re-procure the anti-coagulants (INR) service during 2017/18, but following feedback from the market engagement exercise for the out of hospital model, the CCG is seeking to extend contracts with existing providers until the end of March 2019.
- Community pharmacists no longer provide IV antibiotics for the primary care cellulitis pathway. This service was discontinued following re-design of the cellulitis pathway and movement of the "Recovery at Home" service to Leechmere. As the service was able to hold its own stock of medication, there was no longer a need for Sunderland to operate such a scheme.
- Following a quality improvement event, the design of the emergency supply of palliative care medicines service has been changed. Sunderland CCG continues to commission an on-call pharmacy service for palliative care patients which has now been well integrated into the palliative care nursing and GP out-of-hours services. In addition, a total of seven community pharmacies in Sunderland now hold stocks of palliative care medicines.

Individual responses

- I am pleased with the pharmaceutical and locally commissioned services and have no further comments to make.
- Services provided by community pharmacy are generally good.

Health and Wellbeing Board response

- We have updated figures on life expectancy at birth (section 4.3) where more up-to-date data have been published during the consultation period.
- We note NHS England's clarification about the current pilot status of the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and have amended section 7.2.5 to reflect this and to state that there is no guarantee of its continuation after September 2018. Building as it did on the Pharmacy Emergency Repeat Medication Supply Service (PERMSS) pilot, which was undertaken in the North East of England during the winter of 2014/15, we believe this service is an important part of our local urgent care system, and would recommend that it should continue.
- We are grateful to Sunderland CCG for providing clarification and updates about the services they commission from community pharmacies. In response, we have updated the information at the beginning of section 8.1 and table 13 to reflect this. In addition, we have made the following changes

to the document:

- Sections 8.1.1, 8.2.7, 11 and 12 have been amended to reflect the decision to decommission the minor ailment scheme, though this remains in the document as the service was still available at the beginning of the period covered by this PNA.
- Sections 8.1.2 and 8.2.7 have been amended to reflect the decision to seek to extend the existing contracts for the anti-coagulants (INR) service until the end of March 2019.
- The section on IV antibiotics for the primary care cellulitis pathway (section 8.1.3 in the consultation draft) has been removed. Whilst the service is still available to the Sunderland population, it is no longer delivered by community pharmacy. Section 11 has also been amended.
- Section 8.1.3 (section 8.1.4 in the consultation draft) has been amended to reflect the change from two to seven community pharmacies holding stocks of palliative care medicines.

Do you think there are any gaps in the information provided?

Consultation outcomes

Local Pharmaceutical Committee

- We note that you have not included the Community Pharmacy Clinical Services Review undertaken by Richard Murray (Kings Fund) which recommended a number of potential areas of development for community pharmacy. However, we are disappointed that having commissioned the review, the Department of Health and Social Care will now not be making a response and we are fearful that many of the recommendations will now not be commissioned. We feel that this should also be reflected in the statement, specifically in relation Sunderland.
- We note that within the introduction there is no reference to the current consultation process regarding the development of the Multi-Specialty Community Provider Model (MCP) in Sunderland. It is a model within which the LPC can see opportunities for community pharmacy within Sunderland, to expand its role and broaden choice for patients, whilst alleviating demand on other key services.
- We note the conclusion that there is a need to publicise pharmacy opening times in order to continue to reduce the number of occasions when people find the pharmacy closed when they try and use it. In 2018, the LPC has aspirations to develop a local community pharmacy campaign and we will consider this recommendation when developing this campaign. Moreover, updating the community pharmacy NHS Choices page is linked to the Quality Payment scheme and this will have been addressed by the vast majority of community pharmacies.

Health & Wellbeing Board response

- We acknowledge that we had not included particular reference to the Community Pharmacy Clinical Services Review in the consultation draft, but have expanded section 1.4 to include background and key findings from this review. We are aware that, in October 2017, the Chief Pharmaceutical Officer of NHS England informed an All-Party Parliamentary Group that NHS England would not be making a formal response to the review as it was their view that the findings had “already been taken into account”. This is disappointing as we do not believe that Pharmacy Integration Fund in its current format will be sufficient to ensure that community pharmacy becomes more integrated into the evolving new models of care and that community pharmacists will be able to make greater use of their clinical skills.
- Section 2.5 of the PNA outlines the arrangements for the developing model of out of hospital care for Sunderland. We have now added information outlining Sunderland CCG's intention to commission a multi-specialty community provider (MCP) and the programme of market and public engagement that was undertaken between 8th November and 13th December 2017. We note that the Local Pharmaceutical Committee was actively involved in the engagement programme for the MCP and agree that there is more that could be done to support stronger integration of community pharmacy with the out of hospital and urgent care models for the city and to alleviate demand on key health services.
- We recommend early discussions with NHS England to improve understanding about any levers and incentives that may be available for local use within existing contracting arrangements in order to:
 - secure particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services, in responses to changes in the local health economy; and
 - support local integration with out of hospital and urgent care models and better meet the needs of the Sunderland population.
- Section 10.1.6 highlights the need to publicise pharmacy opening times and we agree that the requirement to update information on NHS Choices as part of the Quality Payments scheme (section 7.2.7 and table 11) means that the majority of local community pharmacies have now updated this information. We would ask partners to make this information available on their websites; the link to the local search on NHS Choices is currently available at: <https://beta.nhs.uk/find-a-pharmacy/>. We welcome the offer from the LPC to consider including pharmacy opening times in their campaign for 2018.

Do you think there are gaps in pharmaceutical services or locally commissioned services that have not been identified?

Consultation outcomes

Local Pharmaceutical Committee

- We agree with your assertion that whilst weekday evening and Sunday opening hours within the Coalfields would improve access and choice for the local population, no specific need for additional pharmacies in the Coalfields locality has been identified through the PNA. As an example of the flexible approach adopted by community pharmacies to meet the needs of local populations, Houghton Pharmacy is now open until 6.30pm (Monday – Friday) and 7.30pm on Wednesdays; however, it is appreciated that the new local extended hours GP service is currently provided until 8.30pm each weekday evening.
- Whilst we note your conclusion that loss of any of the 100 hour community pharmacies within Sunderland may cause significant gaps in access to essential pharmaceutical services and locally commissioned services, we do not concur with this assessment. We believe that any ‘gap’ in services could be addressed through working and negotiating with local community pharmacy contractors. Fundamentally, should such a gap develop then we suggest that a detailed review of pharmaceutical provision should be undertaken to explore provision within that locality.
- In terms of meeting patient need, we strongly recommend that funding is made available to provide an additional incentive to make it financially viable for a community pharmacy to remain open to match the corresponding extended hours service. A local community pharmacy contractor may then agree to extend opening times to meet patient need. We strongly recommend such a model should be used going forward as and when additional extended hours GP services are introduced across the locality.

NHS England North (Cumbria and North East)

- NHS England’s review of the draft PNA has concluded that the following points are in accordance with their own findings:
 - Weekday evening and Sunday opening hours within the Coalfields would improve access and choice but no specific need for additional pharmacies has been identified.
- NHS England has also noted the points made about safeguarding the current services or improving them:
 - Sunderland Health and Wellbeing Board values their 100-hour pharmacies and consider that the loss of a 100-hour pharmacy would cause significant gaps in access to both essential pharmaceutical and locally commissioned services.
 - Whilst there is no access to community pharmacy services within the Coalfields locality during most of the extended GP hours on weekday evenings and generally on Sundays and Bank Holidays, no specific

need for additional community pharmacies has been identified.

- Lloyds Pharmacy at 50 Borough Road, Hendon has notified NHS England of its closure by 12 June 2018. NHS England has noted that there are five other local pharmacies within 0.4 mile of Lloyds Pharmacy.

Individual responses

- The need for an extended hours pharmacy near to Houghton Primary Care Centre.

Health & Wellbeing Board response

- We note from the stakeholder engagement feedback that pharmacy opening hours outside of 9.00 am to 5.00 pm on weekdays are viewed as important by those working office hours, and that those working Monday to Friday value weekend opening; we also note that there is a view from our population that community pharmacies should be open when GP surgeries are open. This has become increasingly important as arrangements for extended GP access hours have been implemented across the city.
- It is our view that national policy related to community pharmacy has not kept pace with developments in national policy related to GP services and urgent care. Current commissioning and contracting arrangements, coupled with the recent changes to the funding arrangements for community pharmacy may undermine the development of local services and hinder delivery of Sunderland's vision of integrated primary care and whole system 7 day working.
- We have been aware of a long standing lack of community pharmacy opening hours in the Coalfields locality. This has been limited in time on weekday evenings and completely absent on Sundays and Bank Holidays. This has become even more apparent, and arguably more important, when we consider the newly introduced extended GP access hours. Once Houghton Pharmacy closes at 6.30 pm on Mondays, Tuesdays, Thursdays and Fridays or at 7.30 pm on Wednesdays, the closest open pharmacy to the Coalfields hub is over 5 or 6 miles away. We have no expectation that the market will take care of this issue, as it has not resolved in since the last PNA was published in 2015. However, we are clear that this does not require additional pharmacies through market entry. Rather we require a mechanism for securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services.
- It was with great regret that we learnt that Lloyds Pharmacy in Hendon, one of the 100 hour pharmacies, will close with effect from 13th June 2018. We have made changes to sections 5.1, 5.2, 6.6.1, 6.6.2, 6.6.3, 6.6.4, 6.6.5, 8.1.3, 8.2.3, 8.2.4, 11 and 12 briefly stating the impact of this loss.
- We note NHS England's statement that there are five other local pharmacies within 0.4 miles of Lloyds Pharmacy in Hendon. Whilst all of these pharmacies provide local access to pharmaceutical services until 5.30 pm or 6.00 pm on weekdays, three provide access until 5.30 pm or 6.00 pm on Saturdays, and only one provides any Sunday opening, they cannot be

- considered to provide the same access as the 100 hour pharmacy.
- Importantly, Lloyds Pharmacy at Hendon was:
 - One of only two pharmacies open 10.00-11.00 pm on weekdays (leaving ASDA Washington as the only pharmacy open at this time);
 - The only pharmacy open 10.00-11.00 pm on a Saturday;
 - One of only two pharmacies open 6.00-8.00 pm on a Sunday (leaving Blue House Pharmacy at Washington as the only pharmacy open at this time);
 - A key provider of supervised consumption and needle exchange services;
 - The closest pharmacy to the Sunderland East hub at Riverview Health Centre during extended GP access hours.
 - It is for these reasons, and because we think this has the potential to adversely impact on urgent care activity, that we consider the loss of this 100 hour pharmacy from 13th June 2018 constitutes a gap in both essential pharmaceutical services at particular times on particular days and in locally commissioned services that respond to particular population health needs. Given the current pressures on community pharmacies due to the reduction in funding, we have no expectation that the market will take care of this issue without support or intervention. However, we are clear that this does not require additional pharmacies through market entry. Rather we require a mechanism for securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services; the public health team is confident that they can secure alternative provision for those individuals using supervised consumption and/or needle exchange services by working with other local pharmacies, the LPC and the provider of the integrated substance misuse treatment and harm reduction service (Wear Recovery).
 - Further discussion with the LPC at its meeting on 6th March 2018 has allowed us to reach a consensus that the loss of Lloyds Pharmacy at Hendon from 13th June 2018 does constitute a gap in both essential pharmaceutical services at particular times on particular days and in locally commissioned services that respond to particular population health needs.
 - We acknowledge and broadly support the approach outlined by the LPC regarding reviewing local provision in response to emerging gaps in hours of provision.
 - We recommend early discussions with NHS England to improve understanding about any levers and incentives that may be available for local use within existing contracting arrangements in order to:
 - secure particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services, in responses to changes in the local health economy; and
 - support local integration with out of hospital and urgent care models and better meet the needs of the Sunderland population.

Does the consultation draft of the PNA cover all of the pharmaceutical services or locally commissioned services that you need?

Consultation outcomes

Local Pharmaceutical Committee

- We recognise that it is difficult to accurately assess the impact of electronic prescription services (EPS) and distance selling provision. EPS is an innovation that offers significant benefits for patients. But there is strong emerging anecdotal evidence that it may damage local pharmacy services. A number of organisations from other localities are active nationally in canvassing patients through mail shots or 'cold calling' and seeking to capture their prescriptions and we have received reports that many patients are unwittingly signing up, without realising that they will no longer get their pharmacy service locally, thereby losing the accompanying support with their long-term medications and wider health needs.
- While community pharmacy remains heavily reliant on prescription numbers for its revenues, these developments can only undermine the viability of local services. This is a threat to all the City is trying to achieve through the PNA. It militates against the roles of pharmacies in "making every contact count" and is counter to the vision set out in the Call for Action and the NHS Five Year Forward View.
- During the past year the LPC has played a key role in further developing a shared understanding between community pharmacies and GP Practices with regard to the use of EPS. We have convened an EPS Working Group, which has included an extensive survey with community pharmacy and GP Practice staff; we have helped to signpost both sets of staff to key information portals; and we have facilitated a TITO session with GP Practice staff. This work will continue in 2018. The LPC will explore the development of a campaign that promotes the benefits of patients using their local pharmacy provision.
- We note your reference to the importance of the work of community pharmacies in relation to urgent care and the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and the recent NHS Community Pharmacy Referral Service (CPRS) pilot. Community pharmacy in Sunderland is keen to explore the potential of developing services and interventions that alleviate the burden on urgent and emergency care services. We will be furthering these discussions during 2018.
- We note and strongly support the recognition of the significant contribution made by community pharmacies to the seasonal influenza immunisation campaign in recent years. This service has provided an example of the way in which community pharmacies can enhance and broaden patient choice, provide a significant public health role, whilst also alleviating pressure from colleagues in primary care.
- We note the relatively low use of new medicines service and medicines use reviews. The LPC is aware that delivery of both of these services can be strengthened and will be exploring ways in which community pharmacies can strengthen this provision in 2018.

- We note your conclusion that there is adequate provision of existing locally commissioned services across Sunderland, although access and equity of provision could be improved for some services.
- We also support your conclusion with regard to locally commissioned services, that the public health team should work with the CCG to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.
- It is with great disappointment that we have recently learned that the minor ailment scheme will be de-commissioned in the near future. In our submission to the previous PNA consultation we stated that the commissioning of only 20 pharmacies to deliver the services represented a missed opportunity. This remains our position and we would like to see a stronger commitment to develop and widen the existing scheme, which would offer support for self-care and improved patient access and choice. Again this is particularly relevant in the context of the increasing pressures on GP, urgent care and emergency services. With the decommissioning of the scheme we therefore have great concerns for patients and the impact on other services.
- We note that Sunderland continues to have high rates of unintended pregnancy, particularly in the under-18 population. Provision of emergency hormonal contraception services (EHC) by pharmacies is considered to be good, although only 23 out of 65 pharmacies currently provide the service. We agree that equity of access could be improved for some parts of the City where teenage conception rates are high and we will work to encourage pharmacists to join the scheme commissioned by the City Council.
- We would also welcome and look forward to working with Public Health regarding other provision which addresses sexual health and unintended pregnancy amongst young people, such as the commissioning of community pharmacy across the city to deliver the C-Card system.
- Public health services provided by community pharmacy were re-commissioned in 2017. Whilst we understand that there has been a good response from community pharmacy, the committee feels that this would have been a great opportunity to significantly strengthen, and broaden, existing community pharmacy provision. We feel that closer working between ourselves and Public Health would have increased interest in the contracts as we felt the process and requirements were excessive. We notified Public Health of our concerns regarding the contracts and acknowledge that significant resources were put in place to support community pharmacies to apply for the contracts, including the NEPO training sessions and the work of Public Health and Live Life Well colleagues. Public Health also responded flexibly to a number of issues that we highlighted as problematic.
- We welcome the commissioning of the Healthy Start Vitamins provision and we also welcome the approach of Public Health when consulting with the LPC throughout the process. We found this to be a productive and constructive process and hope it can be used as a blueprint for future commissioning processes with the Local Authority.
- We note reference to the Healthy Living Pharmacy scheme and the partnership that has developed between community pharmacies, Live Life Well and Sunderland City Council. This has been a productive partnership

arrangement and, once again, demonstrates the proactive and flexible approach of the community pharmacy network within Sunderland in order to increase the breadth and quality of the pharmacy offer to patients.

Member of the Pharmaceutical List

- The minor ailment service should be offered throughout all pharmacies if it is to help ease some of the burden on GPs for minor ailments.

NHS England North (Cumbria and North East)

- NHS England has noted the points made about safeguarding the current services or improving them:
 - The PNA also referred to a relatively low usage of NMS and MURs to support the effective management of long term conditions. The HWB would wish to encourage community pharmacies to make greater use of these advanced services in line with the Quality Payments Scheme.

Sunderland CCG

- Sunderland CCG's Medicines Optimisation Team has recently been working with Sunderland LPC on a project to improve communication across general practice and community pharmacies with regards to the use of the EPS. There is also regional work ongoing to improve the update of electronic Repeat Dispensing and we will continue to support the uptake of these services working with the LPC.
- We recognise the value that advanced services can add to supporting patients with their medicines, particularly for long term conditions. We would be keen to see the delivery of these services increase from community pharmacies which has been highlighted as low compared to national figures.
- We welcome the greater integration of community pharmacy into urgent care pathways and are aware of the CPRS pilot and the promotion of self-care. We will be interested to see what impact this service has following the pilot of the scheme.
- We value the potential role that community pharmacists can play in supporting medicines optimisation.

Health & Wellbeing Board response

- Throughout the process of discussing and consulting on the PNA, we heard only strong negative views about distance selling both in relation to the loss of access to face to face support from pharmacists to patients and their carers and the potential damage to the local pharmacy market. Our preference is for local services which provide access to face to face support for lifestyle and behaviour change, self-care, self-management of long term conditions and as a means of reducing the burden on GP, urgent care and emergency services.
- We would like the current exemption to the control of entry system for

distance selling premises to be removed from the regulation.

- We acknowledge and agree with the concerns raised as to the marketing approaches adopted by distance sellers. We strongly recommend that more and clearer information should be made available to patients regarding the impact of distance selling, including that they will no longer get their pharmacy service locally, to support them to make informed choices about their medication and how they wish to receive it. We have made changes to section 6.7.3 to reflect this. We welcome and support the LPC's intention to develop a campaign that promotes the benefits of patients using their local pharmacy provision during 2018/19.
- We note that health partners across the city agree that EPS is an innovation that offers significant benefits for patients and that Sunderland makes greater use of electronic prescribing than the England average.
- We are aware that there have been two patient safety alerts in recent months that have mentioned use of EPS, relating to:
 - the need for prescriptions of controlled drugs to include clear dosing instructions, e.g., individual unit dose and maximum total daily dose; and
 - the need for a mechanism within EPS to identify clinically urgent prescriptions.
- We welcome the work being undertaken between the CCG and the LPC to develop a shared understanding between community pharmacies and GP Practices with regard to the use of EPS. We trust that this can support the continued safe and effective use of EPS within the Sunderland health system.
- We welcome the willingness of key partners to work together to increase the use of the New Medicines Service, and Medicines Use Reviews.
- We have highlighted the importance of integrating community pharmacies into the local urgent care system and welcome the willingness for health partners across the city to explore this further. We note NHS England's clarification about the current pilot status of the NHS Urgent Medicine Supply Advanced Service (see section 7.2.5) but would recommend that it should continue beyond September 2018. We also await the findings of the evaluation of the Community Pharmacy Referral Service (CPRS) pilot.
- We note the comments received regarding the benefits and scope of the minor ailments service, but also note the decision by the CCG to decommission this scheme with effect from 29/04/2018. We fully understand the disappointment of pharmacy contractors and the LPC regarding the decision to decommission the scheme, but recognise that this was driven by the indicated forthcoming change in national policy. Sections 8.1.1, 11 and 12 have been amended to reflect this.
- We acknowledge the value of the learning arising from the re-commissioning of public health services resulting in a model based on more engagement and a willingness to work together to increase equity and access. We welcome the offer from the LPC to encourage local community pharmacies to help us improve access and equity of provision of emergency hormonal contraception services.
- We continue to support the Healthy Living Pharmacy scheme and recognise the strong partnership working that is supporting this.

Do you think the information contained within the consultation draft of the PNA reasonably describes future plans?

Consultation outcomes

Local Pharmaceutical Committee

- We agree with your assertion that whilst pharmacists ‘have a specific expertise in the use of medicines...their clinical knowledge and expertise in the use of medicines has been underutilised within community pharmacy’. This has been continually recognised in many government reports and broader publications. There is a particular resonance at the present time when pressures on GPs and hospitals are so great. Whilst we recognise the commissioning and funding constraints, we would like to see a stronger commitment to service development in these areas, which would benefit patients and the overall efficiency of the health care system.
- We support your view that the national vision for community pharmacy is in line with the local strategy and aspirations and are delighted with your assertion that community pharmacy has a critical role to play in the Sunderland Health system; we look forward to exploring these opportunities in the period covered by the PNA.

Sunderland CCG

- We value the potential role that community pharmacists can play in supporting medicines optimisation.
- Sunderland is an NHS Vanguard site for the multi-specialty community provider (MCP) model. Whilst the core contract services (which sit with NHS England) fall outside the scope of the MCP, this change in commissioning arrangements could open up more opportunities for community pharmacies in Sunderland to contribute to patient care in an integrated way alongside other healthcare providers. We hope that the LPC will continue to engage with the MCP to realise this potential over the coming years.
- We recognise that community pharmacy can play an important role in educating the public about appropriate use of antibiotics and changing perceptions on their use. However, we are unsure how community pharmacies could challenge inappropriate prescribing of antibiotics given the information which is currently available to them at the point of dispensing a prescription. However, we would welcome opportunities to work with community pharmacy to improve the appropriate use of antibiotics and reduce antimicrobial resistance in Sunderland.

Individual responses

- The PNA mentions possibly reducing the number of pharmacies in the future but not which ones or when and how that would happen.

Health & Wellbeing Board response

- Section 2.5 of the PNA outlines the arrangements for the developing model of out of hospital care for Sunderland. We have added information outlining Sunderland CCG's intention to commission a multi-specialty community provider (MCP) and the programme of market and public engagement that was undertaken between 8th November and 13th December 2017. We note that the Local Pharmaceutical Committee was actively involved in the engagement programme for the MCP and agree that there is more that could be done to support stronger integration of community pharmacy with the out of hospital and urgent care models for the city and to alleviate demand on key health services.
- We recommend early discussions with NHS England to improve understanding about any levers and incentives that may be available for local use within existing contracting arrangements in order to:
 - secure particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services, in responses to changes in the local health economy; and
 - support local integration with out of hospital and urgent care models and better meet the needs of the Sunderland population.
- We note that there is agreement from partners that community pharmacies could contribute to efforts to improve the appropriate use of antibiotics and reduce antimicrobial resistance in Sunderland.
- We note the query regarding reducing the number of community pharmacies in Sunderland. Sunderland is well serviced by community pharmacies, having a greater number of pharmacies per 100,000 population than the England average and provides good access and choice to the local population. We would wish to stress that we have no plan or intention to reduce the number of community pharmacies in Sunderland. Rather it is our fear that we could lose community pharmacies as an unintended consequence of the financial pressures arising from the changes to the funding package. We will keep the matter under review and will re-assess the provision in relation to need if we see further pharmacy closures.

Views about the PNA conclusions

Consultation outcomes

Local Pharmaceutical Committee

- We strongly agree with your conclusion that Sunderland has an adequate number of pharmacies to meet the needs of patients who require essential services such as dispensed medicines.
- We strongly agree with your conclusion that there is adequate provision of NHS pharmaceutical services across Sunderland.
- We agree with your conclusion that the level of planned development within Sunderland is unlikely to require new pharmacy contracts to be issued for the

areas of development within the time period covered by the PNA, due to satisfactory cover from already existing pharmacies.

- We note your conclusion that there is adequate provision of existing locally commissioned services across Sunderland, although access and equity of provision could be improved for some services.
- We also support your conclusion with regard to locally commissioned services, that the public health team should work with the CCG to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.
- Sunderland Local Pharmaceutical Committee is pleased to have the opportunity to respond to the draft pharmaceutical needs assessment (PNA). This statutory document provides a very important framework for provision of pharmacy services in the City over the next three years. We recognise that assembling the draft PNA has been a major task and appreciate the close work with the LPC throughout the process. As you are aware we have worked with you on the steering group and contributed to all discussions and agree with the conclusions of the document.

NHS England North (Cumbria and North East)

- NHS England's review of the draft PNA has concluded that the following points are in accordance with their own findings:
 - There is adequate provision of NHS pharmaceutical services across Sunderland.
 - A reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines.
 - There is adequate provision of existing locally commissioned services across Sunderland, although access and equity of provision could be improved for some services.
 - The level of planned development is unlikely to require new pharmacy contracts to be issued for the areas of development within the time period of this PNA, due to satisfactory cover from already existing pharmacies.

Sunderland CCG

- We agree that there is adequate community pharmacy provision to meet the pharmaceutical needs of the population.

Health & Wellbeing Board response

- We are pleased to note that there is general broad agreement about the conclusions arising from the PNA.
- We thank the members of the Steering Group for the work they have undertaken on our behalf to produce the PNA.

11. Summary of Findings

There are 68 pharmacies in Sunderland, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation.

Sunderland is well serviced by community pharmacies, having a greater number of pharmacies per 100,000 population than the England average. Sunderland East is particularly well served which allows for more patient choice and easier access. Whilst Washington has a smaller number of pharmacies per 100,000 population than the England average, it is well served by two 100 hour pharmacies.

There are five 100 hour pharmacies out of a total of 68 pharmacies in Sunderland which provide extended and out of hours cover for pharmaceutical services across the city; all five open on both Saturdays and Sundays. In total, 38 pharmacies open on Saturdays and ten pharmacies open on Sundays, responding to the needs of the local population.

A number of community pharmacies are accessible during the recently implemented extended hours GP services. In total, seven community pharmacies are open throughout the whole of the weekday evening extended hours period and for one hour afterwards; 14 community pharmacies cover Saturday extended hours opening and four cover Sunday extended hours opening. There is at least one open community pharmacy in reasonably close proximity to the GP services hub locations, with the exception of the Coalfields hub on weekday evenings.

The loss of Lloyds Pharmacy at Hendon from 13th June 2018 will produce a gap in essential pharmaceutical services at particular times on particular days and in locally commissioned services that respond to particular population health needs. We are clear that this does not require additional pharmacies through market entry. Rather we require a mechanism for securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services. We will be having discussions with NHS England so we can fully understand any levers and incentives that may be available to us within existing contracting arrangements so that we can respond to changes within our local health economy.

A reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines, though there is relatively low use of the new medicines service and medicines use reviews that can support the effective management of long term conditions. We would like to see greater use of these services. It is our view that the NHS Urgent Medicine Supply Advanced Service is an important part of our local urgent care system, and would recommend that it should continue beyond September 2018; we await the findings of the evaluation of the Community Pharmacy Referral Service (CPRS) pilot.

A range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. These include: minor ailments scheme (though this will cease on 29th April 2018), anti-coagulant (INR) service, emergency supply of palliative care medicines, intermediate stop smoking services, dispensing service for smoking cessation products, supervised consumption of opiate

substitutes, needle exchange, and emergency hormonal contraception. A new Healthy Start Vitamin scheme commenced in December 2017.

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Sunderland is adequate and meets identified health needs. For some services, access and equity of provision could be improved and other community pharmacies would be willing to provide these services if commissioned.

Community pharmacies also offer a wide range of non NHS services. Whilst some of these services are not aligned with the strategic priorities of the CCG or the council, they may be fulfilling a customer generated demand.

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.

Since the last Sunderland PNA there have been a number of changes to the Sunderland Health System, such as a reducing number of GP practices, new extended GP hours delivered through locality hubs, development of the new out of hospital model, a programme of acute services reconfiguration, a review of the urgent care system and work on the interface between a range of services and the new emergency department. Changes are likely to continue for some time to come. These changes seek to improve integration of services and provide increased hours of service. Medicines optimisation approaches are and will continue to be used to effectively contribute to Sunderland's key health challenges.

Whilst the Sunderland economy of community pharmacies has been stable since the last Sunderland PNA, with only the addition of one exempt category pharmacy to the market, it is by no means certain that this stability will continue. It is anticipated that some pharmacies may close as a result of the reduction in funding. As we have noted, it is with regret that we learnt of the forthcoming closure of one of our 100 hour pharmacies in June 2018.

Community pharmacies make a valuable contribution to the objectives of the Joint Health and Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

12. Statement of Pharmaceutical Needs Assessment

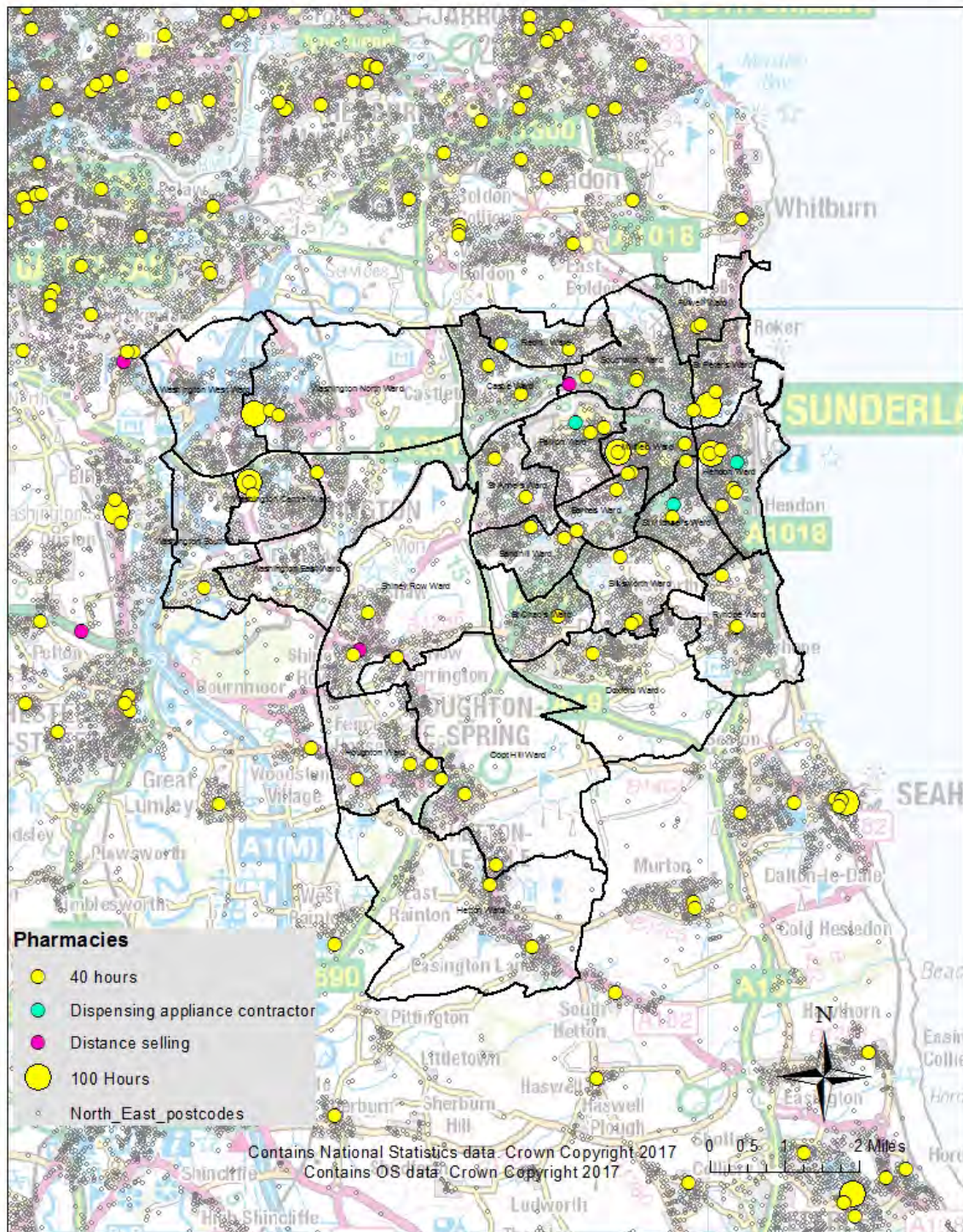
After considering all the elements of the PNA, Sunderland Health and Wellbeing Board makes the following statement:

- Sunderland has an adequate number of community pharmacies to meet the needs of patients who require essential services such as dispensed medicines.
- There is currently adequate provision of NHS pharmaceutical services across Sunderland.
- Whilst there is no access to community pharmacy services within the Coalfields locality during most of the extended GP hours on weekday evenings and generally on Sundays and Bank Holidays, and weekday evening and Sunday opening hours within the Coalfields locality would improve access and choice for the local population, no specific need for additional community pharmacies in the Coalfields locality has been identified through the pharmaceutical needs assessment.
- The existing 100 hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed.
- Loss of any of the 100 hour pharmacies could cause significant gaps in access to both essential pharmaceutical services and locally commissioned services that respond to particular population health needs.
- We consider that the loss of Lloyds Pharmacy at Hendon from 13th June 2018 will produce a gap in essential pharmaceutical services at particular times on particular days and in locally commissioned services that respond to particular population health needs. We are clear that this does not require additional pharmacies through market entry. Rather we require a mechanism for securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services.
- The level of planned development is unlikely to require new pharmacy contracts to be issued for the areas of development within the time period covered by this PNA, due to satisfactory cover from already existing pharmacies.
- A reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines, though there is relatively low use of the new medicines service and medicines use reviews that can support the effective management of long term conditions. We would wish to encourage community pharmacies to make greater use of these advanced services in line with the Quality Payments Scheme.
- The NHS Urgent Medicine Supply Advanced Service is an important part of our local urgent care system, and would recommend that it should continue beyond September 2018; we await the findings of the evaluation of the Community Pharmacy Referral Service (CPRS) pilot.
- A range of community pharmacy enhanced services – including those focussed on medicines optimisation - could effectively contribute to Sunderland's key health challenges. These opportunities should be considered by commissioners, within the context of the current financial constraints for the health economy.
- There is adequate provision of existing locally commissioned services across Sunderland, although access and equity of provision could be improved for

some services. Other community pharmacies would be willing to provide these services if commissioned.

- With regard to locally commissioned services, the public health team should work with the CCG to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.
- Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

Appendix 1: Map of Essential Pharmaceutical Services, including out of area provision, October 2017



Appendix 2: List of community pharmacies in Sunderland and their opening hours

Coalfields locality

Pharmacy Name	Pharmacy Address	Opening Hours
Herrington Medical Centre Pharmacy	Herrington Medical Centre Philadelphia Lane Sunderland DH4 4LE	Mon: 08:45-12:30; 13:30-18:00 Tue: 08:45-12:30; 13:30-18:00 Wed: 08:45-12:30; 13:30-18:00 Thu: 08:45-12:30; 14:00-17:30 Fri: 08:45-12:30; 13:30-18:00 Sat: Closed Sun: Closed
Chilton Moor Pharmacy	53 Front Street Chilton Moor Houghton-le-Spring DH4 6LP	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-17:00 Fri: 09:00-18:00 Sat: 09:00-12:30 Sun: Closed
Kepier Pharmacy	Kepier Medical Practice Leyburn Grove Houghton-Le-Spring DH4 5EQ	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: Closed Sun: Closed
Boots Pharmacy (Distance Selling)	13 Westbourne Terrace Shiney Row Sunderland DH4 4QT	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Closed Sun: Closed
Hopes Pharmacy	49 Newbottle Street Houghton-le-Spring Tyne & Wear DH4 4AR	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-16:00 Sun: Closed
R Whitfield Limited	93 High Street Easington Lane Houghton le Spring DH5 0JR	Mon: 09:00-12:30; 14:00-18:00 Tue: 09:00-12:30; 14:00-18:00 Wed: 09:00-12:30; 14:00-18:00 Thu: 09:00-12:30; 14:00-17:00 Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-12:30 Sun: Closed

Pharmacy Name	Pharmacy Address	Opening Hours
G Whitfield Limited	1a Church Street Houghton-le-Spring Tyne & Wear DH4 4DN	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-12:30 Sun: Closed
G Whitfield Limited	5 Front Street Hetton-le-Hole Houghton le Spring DH5 9PE	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-17:00 Fri: 09:00-18:00 Sat: 09:00-13:00 Sun: Closed
Boots Pharmacy	Grangewood Surgery Chester Road Shiney Row Sunderland DH4 4RB	Mon: 08:30-13:00; 14:00-18:00 Tue: 08:30-13:00; 14:00-18:00 Wed: 08:30-18:00 Thu: 08:30-13:00; 14:00-18:00 Fri: 08:30-18:00 Sat: 09:00-12:00 Sun: Closed
G Whitfield Limited	The Health Centre Pharmacy Francis Way Hetton le Hole Houghton le Spring DH5 9EQ	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Closed Sun: Closed
Penshaw Pharmacy	36 Avondale Avenue Penshaw Houghton le Spring Tyne and Wear DH4 7QS	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Closed Sun: Closed
Houghton Pharmacy	31 Queensway Houghton le Spring Tyne and Wear DH5 8EL	Mon: 08:00-18:30 Tue: 08:00-18:30 Wed: 08:30-19:30 Thu: 08:30-18:30 Fri: 08:30-18:30 Sat: 08:30-12:00 Sun: Closed

Sunderland East locality

Pharmacy Name	Pharmacy Address	Opening Hours
Medichem Limited	68 Villette Road Sunderland SR2 8RW	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Closed Sun: Closed
Fittleworth Medical Limited (Appliance Contractor)	Unit 7 Glaholm Road Sunderland SR1 2NX	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Closed Sun: Closed
Rowlands Pharmacy	Pallion Health Centre Hylton Road Sunderland SR4 7XA	Mon: 08:30-13:10; 13:30-18:00 Tue: 08:30-13:10; 13:30-18:00 Wed: 08:30-13:10; 13:30-18:00 Thu: 08:30-13:10; 13:30-17:00 Fri: 08:30-13:10; 13:30-18:00 Sat: Closed Sun: Closed
Medichem Limited	50 Suffolk Street Hendon Sunderland SR2 8NE	Mon: 08:45-17:45 Tue: 08:45-17:45 Wed: 08:45-17:45 Thu: 08:45-17:45 Fri: 08:45-17:45 Sat: Closed Sun: Closed
Demnox Pharmacy	1 William Doxford Centre Doxford Park Shopping Centre Sunderland SR3 2NE	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-14:00 Sun: Closed
B Braun Medical Limited (Appliance Contractor)	Holmlands Buildings Tunstall Road Sunderland SR2 7RR	Mon: 08:30-17:00 Tue: 08:30-16:30 Wed: 08:30-17:00 Thu: 08:30-16:30 Fri: 08:30-17:00 Sat: Closed Sun: Closed

Pharmacy Name	Pharmacy Address	Opening Hours
Leema Pharmacy	91 Tunstall Road Sunderland SR2 7RW	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-18:00 Sun: Closed
Rowlands Pharmacy	Mill Street Sunderland SR4 7BG	Mon: 09:00-13:00; 13:20-18:00 Tue: 09:00-13:00; 13:20-18:00 Wed: 09:00-13:00; 13:20-18:00 Thu: 09:00-13:00; 13:20-18:00 Fri: 09:00-13:00; 13:20-18:00 Sat: Closed Sun: Closed
Riverview Health Centre Pharmacy	Riverview Health Centre Borough Road Hendon Sunderland SR1 2HJ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-13:00 Fri: 09:00-17:30 Sat: 09:00-11:00 Sun: Closed
Medichem Limited	1 Laburnum Cottage Robinson Terrace Sunderland SR2 8PB	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Closed Sun: Closed
GW Herdman (Chemists) Ltd	Ryhope Customer Service Centre Black Road Ryhope Sunderland SR2 0RX	Mon: 08:30-13:00; 13:30-18:00 Tue: 08:30-13:00; 13:30-18:00 Wed: 08:30-13:00; 13:30-18:00 Thu: 08:30-13:00; 13:30-18:00 Fri: 08:30-13:00; 13:30-18:00 Sat: Closed Sun: Closed
Superdrug Pharmacy	Unit 3 37 Walworth Way The Bridges Sunderland SR1 3LB	Mon: 08:30-17:30 Tue: 08:30-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30 Sat: 08:30-17:30 Sun: Closed
Lloyds Pharmacy (100 Hour)	50 Borough Road Hendon Sunderland SR1 1AE	Mon: 08:00-23:00 Tue: 08:00-23:00 Wed: 08:00-23:00 Thu: 08:00-23:00 Fri: 08:00-23:00 Sat: 08:00-23:00 Sun: 10:00-20:00

Pharmacy Name	Pharmacy Address	Opening Hours
Boots Pharmacy	45 The Bridges Shopping Centre Sunderland SR1 3LF	Mon: 08:00-18:00 Tue: 08:00-18:00 Wed: 08:00-18:00 Thu: 08:00-20:00 Fri: 08:00-18:00 Sat: 08:00-18:00 Sun: 11:00-17:00
Million Pharmacy (100 Hour)	207 Hylton Road Millfield Sunderland Tyne and Wear SR4 7XA	Mon: 07:00-22:00 Tue: 07:00-22:00 Wed: 07:00-22:00 Thu: 07:00-22:00 Fri: 07:00-22:00 Sat: 07:00-22:00 Sun: 08:00-18:00
McCarthy's Pharmacy	Saville House 1-2 Saville Place Sunderland SR1 1PA	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: Closed Sun: Closed
GW Herdman (Chemists) Ltd	29 Ryhope Street South Ryhope Sunderland SR2 0RP	Mon: 08:00-17:00 Tue: 08:00-17:00 Wed: 08:00-17:00 Thu: 08:00-17:00 Fri: 08:00-17:00 Sat: 09:00-12:30 Sun: Closed
Asda Pharmacy	Asda Superstore Leechmere Road Industrial Estate Grangetown Sunderland SR2 9TT	Mon: 08:00-12:30; 13:30-21:00 Tue: 08:00-12:30; 13:30-22:00 Wed: 08:00-12:30; 13:30-22:00 Thu: 08:00-12:30; 13:30-22:00 Fri: 08:00-12:30; 13:30-22:00 Sat: 08:00-12:30; 13:30-22:00 Sun: 10:00-12:30; 13:30-16:00
Boots Pharmacy	Units 2-3 Park Lane Sunderland SR1 3NX	Mon: 08:00-17:30 Tue: 08:00-17:30 Wed: 08:00-17:30 Thu: 08:00-17:30 Fri: 08:00-17:30 Sat: 08:00-17:30 Sun: Closed

Sunderland North locality

Pharmacy Name	Pharmacy Address	Opening Hours
Cohens Chemists	14 The Green Southwick Sunderland SR5 2JE	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-12:00 Sun: Closed
Bunnyhill Pharmacy	Bunnyhill Pharmacy Customer Service Centre Bunnyhill Hylton Lane Sunderland SR5 4BW	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Closed Sun: Closed
Lloyds Pharmacy	8 Sea Road Fulwell Sunderland SR6 9BX	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-13:00 Sun: Closed
Averroes Pharmacy (Distance Selling)	3D Hylton Park Wessington Way Sunderland SR5 3HD	Mon: 08:00-17:00 Tue: 08:00-17:00 Wed: 08:00-17:00 Thu: 08:00-17:00 Fri: 08:00-17:00 Sat: Closed Sun: Closed
Well	79-80 Dundas Street Sunderland SR6 0BB	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: Closed Sun: Closed
Avenue Pharmacy	81 Dundas Street Sunderland SR6 0AY	Mon: 09:00-12:30; 13:30-18:00 Tue: 09:00-12:30; 13:30-18:00 Wed: 09:00-12:30; 13:30-18:00 Thu: 09:00-17:30 Fri: 09:00-12:30; 13:30-18:00 Sat: Closed Sun: Closed

Pharmacy Name	Pharmacy Address	Opening Hours
Hylton Castle Pharmacy	22-23 Chiswick Square Hylton Castle Sunderland Tyne and Wear SR5 3PZ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-13:00 Sun: Closed
Ashchem Chemists	5 Sea Road Fulwell Sunderland SR6 9BP	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-17:00 Sun: Closed
Lloyds Pharmacy	Southwick Health Centre The Green Southwick Sunderland SR5 2LT	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-20:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: Closed Sun: Closed
Avenue Pharmacy	50 Roker Avenue Sunderland SR6 0HT	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Closed Sun: Closed
Avenue Pharmacy (100 Hour)	53 Lower Dundas Street Monkwearmouth Sunderland Tyne & Wear SR6 0BD	Mon: 07:00-22:00 Tue: 07:00-22:00 Wed: 07:00-22:00 Thu: 07:00-22:00 Fri: 07:00-22:00 Sat: 07:00-22:00 Sun: 08:00-18:00
Lloyds Pharmacy	Riverside Road Sunderland Tyne and Wear SR5 3JG	Mon: 07:00-22:00 Tue: 07:00-22:00 Wed: 07:00-22:00 Thu: 07:00-22:00 Fri: 07:00-22:00 Sat: 07:00-21:00 Sun: 10:00-16:00
Davy's Pharmacy	2 Ethel Terrace Castletown Sunderland SR5 3BQ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-13:00 Sun: Closed

Pharmacy Name	Pharmacy Address	Opening Hours
Redhouse Pharmacy	127 Renfrew Road Red House Sunderland Tyne & Wear SR5 5PS	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-17:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Closed Sun: Closed

Sunderland West locality

Pharmacy Name	Pharmacy Address	Opening Hours
South Hylton Pharmacy	1 Union Street South Hylton Sunderland SR4 0LS	Mon: 08:30-13:00; 14:00-18:00 Tue: 08:30-13:00; 14:00-18:00 Wed: 08:30-13:00; 14:00-18:00 Thu: 08:30-13:00; 14:00-18:00 Fri: 08:30-13:00; 14:00-18:00 Sat: Closed Sun: Closed
E Chaston Limited	Vane House Vane Street New Silksworth Sunderland SR3 1EJ	Mon: 09:00-12:15; 13:45-17:30 Tue: 09:00-12:15; 13:45-17:30 Wed: 09:00-12:15; 13:45-18:00 Thu: 09:00-12:15; 13:45-18:00 Fri: 09:00-12:15; 13:45-18:00 Sat: 09:00-12:30 Sun: Closed
Demnox Pharmacy	140 Allendale Road Farringdon Sunderland SR3 3DZ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: Closed Sun: Closed
Rowlands Pharmacy	The Old Forge Surgery Pallion Park Pallion Sunderland SR4 6QE	Mon: 09:00-13:00; 13:20-18:00 Tue: 09:00-13:00; 13:20-18:00 Wed: 09:00-13:00; 13:20-18:00 Thu: 09:00-13:00; 13:20-18:00 Fri: 09:00-13:00; 13:20-18:00 Sat: Closed Sun: Closed
Rowlands Pharmacy	189 Chester Road Sunderland SR4 7JA	Mon: 09:00-13:30; 13:50-18:00 Tue: 09:00-13:30; 13:50-18:00 Wed: 09:00-13:30; 13:50-18:00 Thu: 09:00-13:30; 13:50-18:00 Fri: 09:00-13:30; 13:50-18:00 Sat: Closed Sun: Closed
Greens Pharmacy	149 Chester Road Sunderland Tyne & Wear SR4 7HS	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-17:30 Fri: 09:00-18:00 Sat: 09:00-17:30 Sun: Closed

Pharmacy Name	Pharmacy Address	Opening Hours
Lloyds Pharmacy	Silksworth Lane Silksworth Sunderland SR3 1PD	Mon: 08:00-21:00 Tue: 08:00-21:00 Wed: 08:00-21:00 Thu: 08:00-21:00 Fri: 08:00-21:00 Sat: 08:00-20:00 Sun: 10:00-16:00
K & S Dixons Pharmacy	68 Ormonde Street Sunderland SR4 7PP	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-12:30 Sun: Closed
Amcare Ltd (Appliance Contractor)	39b Pallion Way Pallion Trading Estate Sunderland SR4 6SN	Mon: 08:30-17:30 Tue: 08:30-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30 Sat: Closed Sun: Closed
E Chaston Limited	1 Silksworth Terrace New Silksworth Sunderland SR3 2AT	Mon: 09:00-12:30; 14:00-18:00 Tue: 09:00-12:30; 14:00-18:00 Wed: 09:00-12:30; 14:00-18:00 Thu: 09:00-12:30; 14:00-17:00 Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-12:30 Sun: Closed
Grindon Pharmacy	17 Galashiels Road Grindon Sunderland Tyne and Wear SR4 8JJ	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00 Sun: Closed
Snowdon's Pharmacy	44-46 Sunningdale Road Springwell Sunderland SR3 4ES	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-17:30 Fri: 09:00-18:00 Sat: 09:00-12:30 Sun: Closed
Tullochs Pharmacy	Unit 9 Pennywell Centre Pennywell Sunderland SR4 9AS	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-14:00 Sun: Closed

Pharmacy Name	Pharmacy Address	Opening Hours
Boots Pharmacy	Alderman Jack Cohen Health Centre Springwell Road Sunderland SR3 4HG	Mon: 08:15-18:15 Tue: 08:15-18:15 Wed: 08:15-18:15 Thu: 08:15-18:15 Fri: 08:15-18:15 Sat: Closed Sun: Closed
Rowlands Pharmacy	19 St Lukes Terrace Pallion Sunderland SR4 6RU	Mon: 09:00-13:30; 13:50-17:30 Tue: 09:00-13:30; 13:50-17:30 Wed: 09:00-13:30; 13:50-17:30 Thu: 09:00-13:30; 13:50-17:30 Fri: 09:00-13:30; 13:50-17:30 Sat: 09:00-13:30; 13:50-17:30 Sun: Closed

Washington locality

Pharmacy Name	Pharmacy Address	Opening Hours
Boots Pharmacy	Unit 80 The Galleries Washington NE38 7RT	Mon: 08:30-13:00; 14:00-18:00 Tue: 08:30-13:00; 14:00-18:00 Wed: 08:30-13:00; 14:00-18:00 Thu: 08:30-13:00; 14:00-18:00 Fri: 08:30-13:00; 14:00-18:00 Sat: 08:30-13:00; 14:00-17:30 Sun: 10:00-16:00
Lloyds Pharmacy	Westerhope Road Barmston Washington NE38 8JF	Mon: 08:00-18:30 Tue: 08:00-18:30 Wed: 08:00-18:30 Thu: 08:00-18:30 Fri: 08:00-18:30 Sat: Closed Sun: Closed
Boots Pharmacy	12 Arndale House Washington Tyne & Wear NE37 2SW	Mon: 08:30-12:00; 13:00-17:30 Tue: 08:30-12:00; 13:00-17:30 Wed: 08:30-12:00; 13:00-17:30 Thu: 08:30-12:00; 13:00-17:30 Fri: 08:30-12:00; 13:00-17:30 Sat: 08:30-12:00; 13:00-17:00 Sun: Closed
Lloyds Pharmacy	1 Heworth Road Concord Washington NE37 2PY	Mon: 07:30-20:30 Tue: 07:30-20:30 Wed: 07:30-20:30 Thu: 07:30-20:30 Fri: 07:30-20:30 Sat: Closed Sun: Closed
Blue House Pharmacy (100 Hour)	Blue House Lane Washington Tyne and Wear NE37 2TE	Mon: 07:00-22:00 Tue: 07:00-22:00 Wed: 07:00-22:00 Thu: 07:00-22:00 Fri: 07:00-22:00 Sat: 07:00-20:00 Sun: 08:00-20:00
Asda Pharmacy (100 Hour)	Washington Centre Washington NE38 7NF	Mon: 08:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00

Pharmacy Name	Pharmacy Address	Opening Hours
J Dinning (Woodlands) Ltd	Vigo Lane Rickleton Village Washington Tyne and Wear NE38 9EJ	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Closed Sun: Closed
Lloyds Pharmacy	Within the entrance to the Library The Galleries Independence Square Washington Tyne & Wear NE38 7SS	Mon: 08:30-18:30 Tue: 08:30-18:30 Wed: 08:30-18:30 Thu: 08:30-18:30 Fri: 08:30-18:30 Sat: 10:00-14:00 Sun: Closed

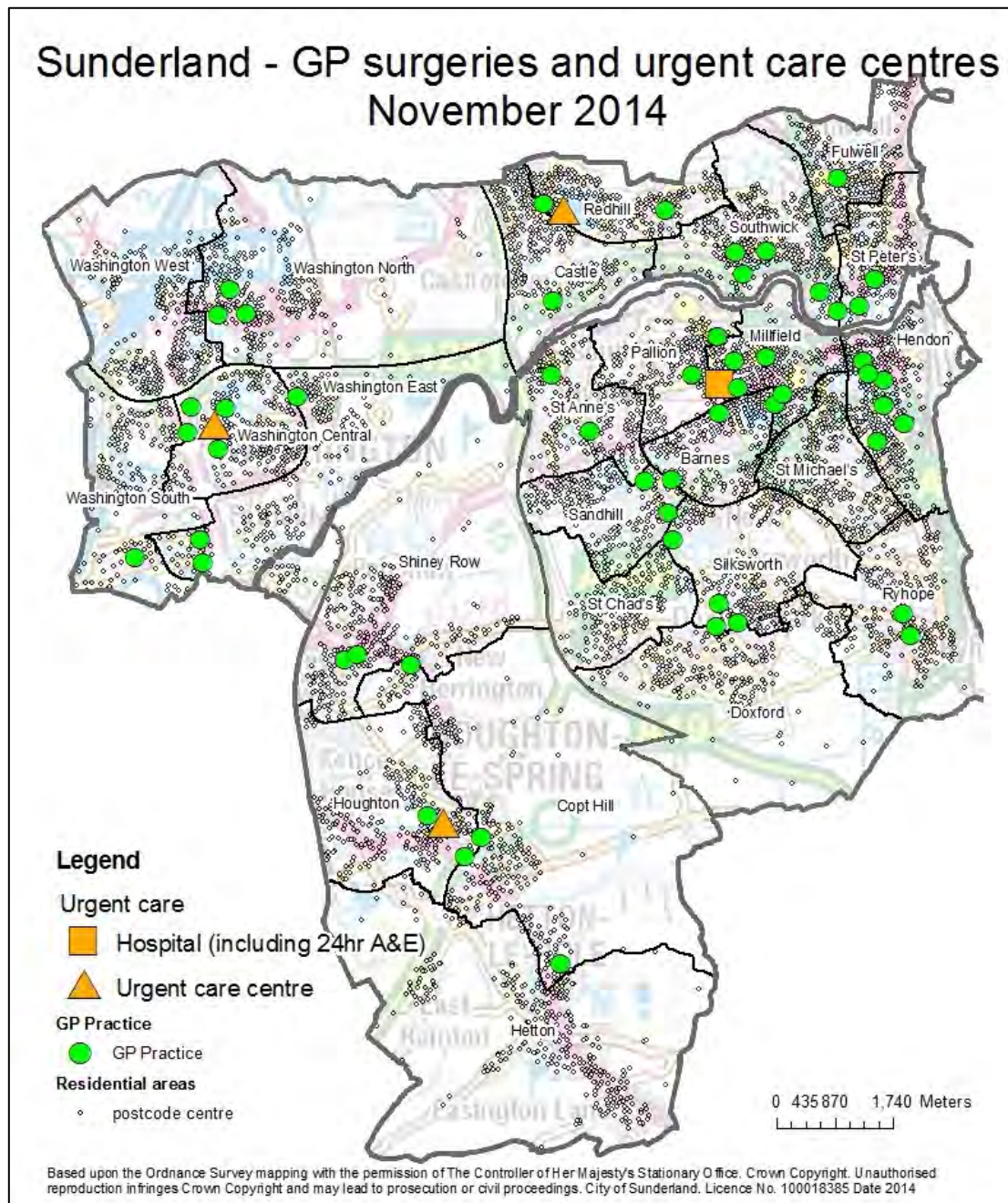
Appendix 3: Community pharmacy opening on Friday afternoon and evening

	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00
Coalfields												
Herrington Medical Centre			✓	✓	✓	✓						
Chilton Moor Pharmacy	✓	✓	✓	✓	✓	✓						
Kepier Pharmacy	✓	✓	✓	✓	✓	✓						
Hopes Pharmacy	✓	✓	✓	✓	✓							
R Whitfield Ltd (High St)			✓	✓	✓	✓						
G Whitfield Ltd (Church St)	✓	✓	✓	✓	✓	✓						
G Whitfield Ltd (Front St)	✓	✓	✓	✓	✓	✓						
Boots (Grangewood Surgery)	✓	✓	✓	✓	✓	✓						
G Whitfield Ltd (Health Centre)	✓	✓	✓	✓	✓	✓						
Penshaw Pharmacy	✓	✓	✓	✓	✓	✓						
Houghton Pharmacy	✓	✓	✓	✓	✓	✓						
Sunderland East												
Medichem Ltd (Vilette Rd)	✓	✓	✓	✓	✓	✓						
Rowlands Pharmacy (Pallion)			✓	✓	✓	✓						
Medichem Ltd (Suffolk St)	✓	✓	✓	✓	✓							
Demnox Pharmacy	✓	✓	✓	✓	✓							
Leema Pharmacy	✓	✓	✓	✓	✓	✓						
Rowlands Pharmacy (Mill St)	✓		✓	✓	✓	✓						
Riverview Health Centre	✓	✓	✓	✓	✓							
Medichem Ltd (Robinson Tce)	✓		✓	✓	✓	✓						
GW Herdman (Black Rd)	✓		✓	✓	✓	✓						
Superdrug	✓	✓	✓	✓	✓							
Lloyds (Borough Rd)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boots (The Bridges)	✓	✓	✓	✓	✓	✓						
Million Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
McCarthy's Pharmacy	✓	✓	✓	✓	✓	✓						
GW Herdman (Ryhope Street)	✓	✓	✓	✓	✓							
Asda Pharmacy (Leechmere)			✓	✓	✓	✓	✓	✓	✓	✓		
Boots (Park Lane)	✓	✓	✓	✓	✓							
Sunderland North												
Cohens Chemists	✓	✓	✓	✓	✓	✓						
Bunnyhill Pharmacy	✓	✓	✓	✓	✓	✓						
Lloyds (Sea Rd)	✓	✓	✓	✓	✓	✓						
Well	✓	✓	✓	✓	✓	✓						
Avenue Pharmacy (Dundas St)			✓	✓	✓	✓						
Hylton Castle Pharmacy	✓	✓	✓	✓	✓							
Ashchem Chemists (Sea Rd)	✓	✓	✓	✓	✓							
Lloyds Pharmacy (Southwick)	✓	✓	✓	✓	✓	✓						
Avenue Pharmacy (Roker Ave)	✓		✓	✓	✓	✓						

	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00
Avenue Pharmacy (Lower Dundas St)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lloyds (Riverside Rd)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Davy's Pharmacy	✓	✓	✓	✓	✓							
Redhouse Pharmacy	✓		✓	✓	✓	✓						
Sunderland West												
South Hylton Pharmacy	✓		✓	✓	✓	✓						
E Chaston Ltd (Vane St)			✓	✓	✓	✓						
Demnox Pharmacy (Allendale Rd)	✓	✓	✓	✓	✓							
Rowlands Pharmacy (The Old Forge)	✓		✓	✓	✓	✓						
Rowlands Pharmacy (Chester Rd)	✓		✓	✓	✓	✓						
Greens Pharmacy	✓	✓	✓	✓	✓	✓						
Lloyds (Silksworth Lane)	✓	✓	✓	✓	✓	✓	✓	✓	✓			
K & S Dixons Pharmacy	✓	✓	✓	✓	✓							
E Chaston Ltd (Silksworth Tce)			✓	✓	✓	✓						
Grindon Pharmacy	✓	✓	✓	✓	✓	✓						
Snowdon's Pharmacy	✓	✓	✓	✓	✓	✓						
Tullochs Pharmacy	✓	✓	✓	✓	✓	✓						
Boots (Alderman Jack Cohen Health Centre)	✓	✓	✓	✓	✓	✓						
Rowlands Pharmacy (St Lukes Tce)	✓		✓	✓	✓							
Washington												
Boots (The Galleries)	✓		✓	✓	✓	✓						
Lloyds (Westerhope Rd)	✓	✓	✓	✓	✓	✓						
Boots (Arndale House)		✓	✓	✓	✓							
Lloyds (Heworth Rd)	✓	✓	✓	✓	✓	✓	✓	✓				
Blue House Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Asda Pharmacy (The Galleries)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
J Dinning (Woodlands) Ltd	✓	✓	✓	✓	✓	✓						
Lloyds (The Galleries)	✓	✓	✓	✓	✓	✓						

NOTE: The table above shows community pharmacies that are open for the whole of each hour from noon until midnight on Fridays. It should be noted that other pharmacies may be open for part of each hour and full opening hours are presented in Appendix 2.

Appendix 4: Map of GP and urgent care services in Sunderland, November 2014



Appendix 5: List of GP practices in Sunderland and their opening hours (as at 1st April 2018)

GP Practice Name	GP Practice Address	Core Hours	Extended Hours
Coalfields Locality			
Hetton Group Practice	Francis Way Hetton-le-Hole Houghton-le-Spring Tyne & Wear DH5 9EZ	Monday – Friday 08:00-18:00	Provided at: Coalfields Hub Houghton Health Centre Church Street Houghton-le-Spring Tyne & Wear DH4 4DN Monday - Friday: 18:00-20:30 Saturday: 09:00-14.00 Sunday: Closed
Herrington Medical Centre	Philadelphia Lane Houghton-le-Spring Tyne & Wear DH4 4LE	Monday – Friday 08:00-18:00	
Kepier Medical Practice	Leyburn Grove Houghton-le-Spring Tyne & Wear DH4 5EQ	Monday – Friday 08:00-18:00	
Houghton Medical Group	The Health Centre Church Street Houghton-le-Spring Tyne & Wear DH4 4DN	Monday – Friday 08:00-18:00	
Grangewood Surgery	Chester Road Shiney Row Houghton-le-Spring Tyne & Wear DH4 4RB	Monday – Friday 08:00-18:00	
Westbourne Medical Group	Shiney Row Surgery Kelso Grove Shiney Row Houghton-le-Spring Tyne & Wear DH4 4RW	Monday – Friday 08:00-18:00	

GP Practice Name	GP Practice Address	Core Hours	Extended Hours
<i>Sunderland East Locality</i>			
Deerness Park Medical Group	Suffolk Street Sunderland Tyne & Wear SR2 8AD	Monday – Friday 08:00-18:00	Provided at: Sunderland East Hub Riverview Health Centre West Lawrence Street Hendon Sunderland Tyne & Wear SR1 1XW Monday - Friday: 18:00-20:30 Saturday: 09:00-14.00 Sunday: 09:00-14.00
Drs Bhate & Hussien	Riverview Health Centre Borough Road Hendon Sunderland Tyne & Wear SR1 2HJ	Monday – Friday 08:00-18:00	
Villette Surgery	Suffolk Street Hendon Sunderland Tyne & Wear SR2 8AX	Monday – Friday 08:00-18:00	
New City Medical Group	Tatham Street Hendon Sunderland Tyne & Wear SR1 2QB	Monday – Friday 08:00-18:00	
Ashburn Medical Centre	74 - 75 Toward Road Sunderland Tyne & Wear SR2 8JG	Monday – Friday 08:00-18:00	
Park Lane Practice	1-6 City Green Sunderland Tyne & Wear SR2 7BA	Monday – Friday 08:00-18:00	
Southlands Medical Group	The Health Centre Black Road Ryhope Sunderland Tyne & Wear SR2 0RY	Monday – Friday 08:00-18:00	

GP Practice Name	GP Practice Address	Core Hours	Extended Hours
<i>Sunderland North locality</i>			
Redhouse Medical Centre (Dr Reddy)	127 Renfrew Road Sunderland Tyne & Wear SR5 5PS	Monday – Friday 08:00-18:00	
Fulwell Medical Centre	Ebdon Lane Fulwell Sunderland Tyne & Wear SR6 8DZ	Monday – Friday 08:00-18:00	
St Bede Medical Centre	Lower Dundas Street Monkwearmouth Sunderland Tyne & Wear SR6 0QQ	Monday – Friday 08:00-18:00	
Drs Cloak & Partners	Southwick Health Centre Southwick Sunderland Tyne & Wear SR5 2LT	Monday – Friday 08:00-18:00	
Castletown Medical Centre	6 The Broadway Sunderland Tyne & Wear SR5 3EX	Monday – Friday 08:00-18:00	
Dr Gellia & Dr Balaraman	Monkwearmouth Health Centre Dundas Street Sunderland Tyne & Wear SR6 0AB	Monday – Friday 08:00-18:00	
Dr Obonna	Southwick Health Centre The Green Sunderland Tyne & Wear SR5 2LT	Monday – Friday 08:00-18:00	
Dr Weatherhead & Associates	Southwick Health Centre The Green Southwick Sunderland Tyne & Wear SR5 2LT	Monday – Friday 08:00-18:00	

GP Practice Name	GP Practice Address	Core Hours	Extended Hours
<i>Sunderland West locality</i>			
Wearside Medical Practice	Pallion Health Centre Hylton Road Sunderland Tyne & Wear SR4 7XF	Monday – Friday 08:00-18:00	<p>Provided at: Sunderland West Hub Pallion Health Centre Hylton Road Sunderland Tyne & Wear SR4 7XF</p> <p>Monday - Friday: 18:00-20:30</p> <p>Saturday: 09:00-14.00</p> <p>Sunday: 09:00-14.00</p>
Pallion Family Practice	Pallion Health Centre Hylton Road Sunderland Tyne & Wear SR4 7XF	Monday – Friday 08:00-18:00	
Village Surgery	Silksworth Health Centre Silksworth Sunderland Tyne & Wear SR3 2AN	Monday – Friday 08:00-18:00	
Millfield Medical Group	Millfield Medical Centre 63 – 83 Hylton Road Millfield Sunderland Tyne & Wear SR4 7AF	Monday – Friday 08:00-18:00	
The Old Forge Surgery	Pallion Park Pallion Sunderland Tyne & Wear SR4 6QE	Monday – Friday 08:00-18:00	
Broadway Medical Practice	Springwell Health Centre Springwell Road Sunderland Tyne & Wear SR3 4HG	Monday – Friday 08:00-18:00	
Springwell Medical Group	Jack Cohen Health Centre Springwell Road Sunderland Tyne & Wear SR3 4HG	Monday – Friday 08:00-18:00	
Hylton Medical Group	Pallion Health Centre Hylton Road Sunderland Tyne & Wear SR4 7XF	Monday – Friday 08:00-18:00	

GP Practice Name	GP Practice Address	Core Hours	Extended Hours
<i>Sunderland West locality (continued)</i>			
New Silksworth Medical Practice	Silksworth Health Centre Silksworth Sunderland Tyne & Wear SR3 2AN	Monday – Friday 08:00-18:00	
Happy House Surgery	Durham Road Sunderland Tyne & Wear SR3 4BY	Monday – Friday 08:00-18:00	
South Hylton Surgery	2 Union Street South Hylton Sunderland Tyne & Wear SR4 0LS	Monday – Friday 08:00-18:00	
Chester Surgery	215 Chester Road Sunderland Tyne & Wear SR4 7TU	Monday – Friday 08:00-18:00	
Sunderland GP Alliance (Pennywell)	Pennywell Medical Centre Pennywell Shopping Parade Portsmouth Road Pennywell Sunderland SR4 9AS	Monday – Friday 08:00-18:00	

GP Practice Name	GP Practice Address	Core Hours	Extended Hours
Washington locality			
Dr Stephenson & Partners	The Health Centre Victoria Road Washington Tyne & Wear NE37 2PU	Monday – Friday 08:00-18:00	<p>Provided at: Washington Hub The Galleries Health Centre Washington Tyne & Wear NE38 7NQ</p> <p>Monday - Friday: 18:00-20:30</p> <p>Saturday: 09:00-14.00</p> <p>Sunday: 09:00-14.00</p>
Galleries Medical Practice	The Galleries Health Centre Washington Tyne & Wear NE37 2PU	Monday – Friday 08:00-18:00	
Concord Medical Practice	The Health Centre Victoria Road Concord Washington Tyne & Wear NE37 2PU	Monday – Friday 08:00-18:00	
Sunderland GP Alliance (Washington)	The Galleries Health Centre Washington Tyne & Wear NE38 7NQ	Monday – Friday 08:00-18:00	
Sunderland GP Alliance (Barmston)	Westerhope Rd Washington Tyne & Wear NE38 8JF	Monday – Friday 08:00-18:00	
Victoria Medical Practice	The Health Centre Victoria Road Washington Tyne & Wear NE37 2PU	Monday – Friday 08:00-18:00	
Rickleton Medical Centre	Office Row Rickleton Washington Tyne & Wear NE38 9EH	Monday – Friday 08:00-18:00	
IJ Healthcare (Harraton Surgery)	3 Swiss Cottages Vigo Lane Harraton Washington Tyne & Wear NE38 9AB	Monday – Friday 08:00-18:00	

Appendix 6: Location and times of anti-coagulation clinics across the city

Clinic Name	Clinic Location	Opening Hours
<i>City Hospitals Sunderland NHS Foundation Trust</i>		
Ryhope Health Centre	Black Road Ryhope Sunderland Tyne & Wear SR2 0RX	Mon: 09:00-12:00 Thu: 13:30-16:15 Fri: 09:00-12:00
Monkwearmouth Health Centre	Dundas Street Sunderland Tyne & Wear SR6 0AB	Tue: 09:00-12:00
Monkwearmouth Hospital (Outpatients Department)	Newcastle Road Sunderland Tyne & Wear SR5 1NB	Mon: 13:30-16:15
Houghton Health Centre	Church Street Houghton-le-Spring Tyne & Wear DH4 4DN	Tue: 13:30-16:15
Pallion Health Centre (Temporarily in Sunderland Royal Hospital)	Kayll Road Sunderland Tyne & Wear SR4 7TP	Mon: 13:30-16:15 Tue: 13:30-16:15
Seaham Health Centre	Eastdene Road Seaham SR7 8DY	Wed: 09:00-12:00
Springwell Health Centre	Jack Cohen Health Centre Springwell Road Sunderland Tyne & Wear SR3 4HG	Wed: 09:00-12:00
River View Health Centre	Borough Road Hendon Sunderland Tyne & Wear SR1 2HJ	Thu: 09:00-12:00
Silksworth Health Centre	Silksworth Sunderland Tyne & Wear SR3 2AN	Thu: 13:30-16:15

Clinic Name	Clinic Location	Opening Hours
Workers Clinic, Pharmacy Department Sunderland Royal Hospital	Kayll Road Sunderland Tyne & Wear SR4 7TP	Wed: 09:00-12:00
Sunderland Royal Hospital	Kayll Road Sunderland Tyne & Wear SR4 7TP	Fri: 13:30-16:15
Redhouse Medical Centre	Renfrew Road Sunderland Tyne & Wear SR5 5PS	Tue: 13:30-16:15
Washington Health Centre	The Galleries Health Centre Washington Tyne & Wear NE38 7NQ	Fri: 13:30-16:15
Grindon Lane Primary Care Centre	Grindon Lane Grindon Sunderland Tyne & Wear SR3 4EN	Mon: 09:00-12:00
Park Lane Practice	1-6 City Green Sunderland Tyne & Wear SR2 7BA	Wed: 13:30-16:15
<i>Deerness Park Medical Group</i>		
Deerness Park Medical Centre	Suffolk Street Sunderland Tyne & Wear SR2 8AD	Tue: 08:20-12:00
Bunnyhill Primary Care Centre	Hylton Lane Downhill SR5 4BW	Mon: 08:40-11:30
South Hylton Surgery	2 Union Street South Hylton Sunderland Tyne & Wear SR4 0LS	Thu: 09:30-11:00

Clinic Name	Clinic Location	Opening Hours
<i>IntraHealth</i>		
Hetton Group Practice	Francis Way Hetton-le-Hole Houghton-le-Spring Tyne & Wear DH5 9EZ	Mon: 08:30-13:00
Villette Surgery	Suffolk Street Hendon Sunderland Tyne & Wear SR2 8AX	Mon: 09.00-10.30
Victoria Road Health Centre	Victoria Road Washington Tyne & Wear NE37 2PU	Tue: 08:30-12:00 Fri: 08.30-12.00
Dr Stephenson's Practice	The Health Centre Victoria Road Washington Tyne & Wear NE37 2PU	Tue: 08:30-12.00 Tue: 14:30-16:30
Millfield Medical Centre	63 – 83 Hylton Road Millfield Sunderland Tyne & Wear SR4 7AF	Tue: 08:30-12.30
Pallion Family Practice	Pallion Health Centre Hylton Road Sunderland Tyne & Wear SR4 7XF	Tue: 09.00-10.30
Grangewood Surgery	Chester Road Shiney Row Houghton-le-Spring Tyne & Wear DH4 4RB	Tue: 09:00-10:30
Wearside Medical Practice	Pallion Health Centre Hylton Road Sunderland Tyne & Wear SR4 7XF	Tue: 11:00-12.30
Colliery Medical Group, Silksworth Health Centre	Silksworth Health Centre Silksworth Sunderland Tyne & Wear SR3 2AN	Tue: 14:00-16:30

Clinic Name	Clinic Location	Opening Hours
Dr Obonna, Southwick Health Centre	Southwick Health Centre The Green Sunderland Tyne & Wear SR5 2LT	Tue: 15:00-16:00
Ashburn Medical Centre	74 - 75 Toward Road Sunderland Tyne & Wear SR2 8JG	Wed: 09:00-11:30
St Bede Medical Centre	Lower Dundas Street Monkwearmouth Sunderland Tyne & Wear SR6 0QQ	Wed: 09:30-11:00
Castletown Medical Centre	6 The Broadway Sunderland Tyne & Wear SR5 3EX	Wed: 13:30-14:30
Dr Weatherhead, Southwick Medical Centre	Southwick Health Centre The Green Southwick Sunderland Tyne & Wear SR5 2LT	Wed: 15:00-16:00
Tullochs Pharmacy	Unit 9 Pennywell Centre Pennywell Sunderland SR4 9AS	Wed:15:30-16:30
Houghton Medical Centre	The Health Centre Church Street Houghton-le-Spring Tyne & Wear DH4 4DN	Thu: 08:30-13:00
Kepier Medical Practice	Leyburn Grove Houghton-le-Spring Tyne & Wear DH4 5EQ	Thu: 09:00-12:30 Thu: 15:00-17:30
Fulwell Medical Centre	Ebdon Lane Fulwell Sunderland Tyne & Wear SR6 8DZ	Thu: 13:00-16:30

Clinic Name	Clinic Location	Opening Hours
Hetton Group Practice	Francis Way Hetton-le-Hole Houghton-le-Spring Tyne & Wear DH5 9EZ	Thu: 13:00-17:00
Westbourne Medical Group	Shiney Row Surgery Kelso Grove Shiney Row Houghton-le-Spring Tyne & Wear DH4 4RW	Thu: 15:00-16:30
Herrington Medical Centre	Philadelphia Lane Houghton-le-Spring Tyne & Wear DH4 4LE	Thu: 15:00-16:00
The Old Forge Surgery	Pallion Park Pallion Sunderland Tyne & Wear SR4 6QE	Fri: 08:30-10:30
Hylton Medical Group	Pallion Health Centre Hylton Road Sunderland Tyne & Wear SR4 7XF	Fri: 08:30-10:00
New City Medical Group	Tatham Street Hendon Sunderland Tyne & Wear SR1 2QB	Fri: 11:30-12:30
Conishead Medical Group	Ryhope Health Centre Black Road Sunderland Tyne & Wear SR2 0RY	Fri: 14:30-15:15
Southlands Medical Group	Ryhope Health Centre Black Road Sunderland Tyne & Wear SR2 0RY	Fri: 15:30-16:30
Boots Pharmacy		
Boots Pharmacy	45 The Bridges Shopping Centre Sunderland SR1 3LF	Mon: 09:00-12:00 Thu: 09:00-12:00

Clinic Name	Clinic Location	Opening Hours
<i>Lydon Pharmacy</i>		
Sunderland GP Alliance (Pennywell)	Pennywell Medical Centre Pennywell Shopping Parade Portsmouth Road Pennywell Sunderland SR4 9AS	Tue: 09:00-10:00
Grangewood Surgery	Chester Road Shiney Row Houghton-le-Spring Tyne & Wear DH4 4RB	Tue: 12:00-16:30
Sunderland GP Alliance (Washington)	The Galleries Health Centre Washington Tyne & Wear NE38 7NQ	Wed: 12:00-16:30
Sunderland GP Alliance (Barmston)	Westerhope Rd Washington Tyne & Wear NE38 8JF	Wed: 15:00-16:00

Appendix 7: Priorities in the Joint Health and Wellbeing Strategy and how community pharmacy can help

Strategy priority	Current pharmacy contribution	Possible future pharmacy contribution
<p><i>Promoting understanding between communities and organisations</i> including action to:</p> <ul style="list-style-type: none"> • Increase awareness of the services and support available to people in their community and assisting them to access these • Commission and provide services that are responsive to community needs and assets 	<ul style="list-style-type: none"> • Consistent health promotion messages and signposting to other services • Signposting local people to interventions aimed to reduce fuel poverty and improve winter warmth 	<ul style="list-style-type: none"> • Pharmacies fully integrated into the provision of primary care and public health services • Even better use of community pharmacies to promote public health messages and “make every contact count” e.g., through development of Healthy Living Pharmacies
<p><i>Ensuring that children and young people have the best start in life</i> including action to:</p> <ul style="list-style-type: none"> • Encourage parents and carers of children to access early years opportunities • Support children and families throughout the whole of a child's journey, including the transition into adulthood • Re-orient services towards prevention and early intervention 	<ul style="list-style-type: none"> • Consistent health promotion messages and signposting to other services • Supporting adults to stop smoking, with a particular emphasis on reducing the prevalence of smoking during pregnancy, and work to protect children from second hand smoke • Prevention of teenage pregnancy through provision of contraception • Promotion of healthy sexual behaviours through sexual health promotion 	<ul style="list-style-type: none"> • Promotion of breastfeeding • Tackling childhood obesity with a focus on prevention • Support for increasing the uptake of childhood immunisations • Promotion of healthy sexual behaviours, through dual screening for chlamydia and gonorrhoea • Participation in the local C-card scheme • Provision of the new Health Start Vitamins voucher scheme

Note: issues listed in the possible future pharmacy contribution column are intended as illustrative examples and should not be considered as commissioning intentions

Strategy priority	Current pharmacy contribution	Possible future pharmacy contribution
<p><i>Supporting and motivating everyone to take responsibility for their health and that of others</i> including action to:</p> <ul style="list-style-type: none"> • Increase emotional health and resilience of individuals, families and communities • Ensure that frontline workers, volunteers and community leaders are aware of the wider social determinants of health • Support people to make sustainable changes throughout their lives that will improve their health • Ensure people are aware of the importance of accessing health protecting interventions such as immunisation and screening • Ensure people are aware of the importance of early presentation following the development of signs and symptoms • Make the healthy choice the easier choice: 	<ul style="list-style-type: none"> • Support for emotional wellbeing and the development of resilience • Consistent health promotion messages and signposting to other services • Active participation in public health campaigns • Providing evidence based interventions for stop smoking, sexual health, and drug misuse • Improving levels of awareness of cancer screening programmes and early signs and symptoms to improve the early detection of cancer • Support for increasing the uptake of adult immunisations for influenza and pneumonia • Access to self-care medicines for those who would otherwise be unable to afford them through the minor ailment scheme 	<ul style="list-style-type: none"> • Providing evidence based interventions for alcohol consumption • Taking a holistic approach to tackling lifestyle issues within the Sunderland integrated wellness model, acting as Health Champions, and through the healthy living pharmacy programme • Providing evidence based interventions to tackle the big four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – including for people with multiple unhealthy behaviours

Note: issues listed in the possible future pharmacy contribution column are intended as illustrative examples and should not be considered as commissioning intentions

Strategy priority	Current pharmacy contribution	Possible future pharmacy contribution
<p><i>Supporting everyone to contribute</i> including action to:</p> <ul style="list-style-type: none"> • Understand the health barriers to employment and training, and support people to overcome them • Work together to get people fit for work • Work with local businesses to ensure a healthy workforce • Support those who don't work to contribute in other ways: 	<ul style="list-style-type: none"> • As private businesses located in city, community pharmacies make a contribution to the city's economy • Promoting the health of their own workforce 	<ul style="list-style-type: none"> • Supporting the promotion of health in the wider workforce across the city through evidence based interventions to tackle lifestyle risk factors, contribution to the management of long term conditions and promotion of self-care
<p><i>Supporting people with long-term conditions and their carers</i> including action to:</p> <ul style="list-style-type: none"> • Support self-management of long-term conditions • Provide excellent integrated services to support those with long-term conditions and their carers • Supporting a good death for everyone 	<ul style="list-style-type: none"> • Supporting the diagnosis and management of long term conditions including through the new medicines service, medicines use reviews and signposting • Providing advice and support for people with dementia and their carers, including monitoring the use of antipsychotic drugs for people with dementia • Through the emergency supply of palliative care medicines 	<ul style="list-style-type: none"> • Promoting self-care to support people to manage their own health conditions where appropriate and reduce the burden on GP and hospital services • Supporting safer, more effective and efficient use of medicines through the new medicines service, medicines use reviews and post-discharge medicines use reviews

Note: issues listed in the possible future pharmacy contribution column are intended as illustrative examples and should not be considered as commissioning intentions

Strategy priority	Current pharmacy contribution	Possible future pharmacy contribution
<p><i>Supporting individuals and their families to recover from ill-health and crisis</i> including action to:</p> <ul style="list-style-type: none"> • Support individuals and families to have emotional resilience and control over their life • Provide excellent integrated services to support people to recover from ill health and crisis • Win the trust of individuals and families who require support: 	<ul style="list-style-type: none"> • Participating in interventions to support people with dependencies to live at home, especially those relating to medication compliance • Working with care homes to support medication compliance 	<ul style="list-style-type: none"> • Supporting safer, more effective and efficient use of medicines through the new medicines service, medicines use reviews and post-discharge medicines use reviews

Note: issues listed in the possible future pharmacy contribution column are intended as illustrative examples and should not be considered as commissioning intentions:

Appendix 8: PNA Steering Group Membership

Kath Bailey	Locum Consultant in Public Health, Sunderland City Council (Chair and Lead Author)
Sheila Rundle	Public Health Intelligence Analyst, Sunderland City Council
Louise Darby	Senior Communications Officer, Sunderland City Council
Jackie Nixon	Promoting Health Engagement Lead, Sunderland City Council
Sarrah Seldon	Medicines Optimisation Pharmacist, Sunderland CCG
Mark Stephenson	Secretary, Sunderland Local Pharmaceutical Committee
Mukarrom Hussain	Community Pharmacist and Public Health Lead for Sunderland Local Pharmaceutical Committee
Janet King	Board Member, Healthwatch Sunderland
Margaret Curtis	Programme Manager, Healthwatch Sunderland

We are grateful to the following individuals who provided input and support which aided the Steering Group to produce this PNA document and undertake the statutory consultation:

Linda Boshier

Janet Collins

Ahcene Djabari

Anne Everden

Anne Gunning

Laura Hope

Claire Jones

Victoria Moseley-Laverick

Stephen Potts

Matthew Wilson

Appendix 9: Equality Impact Assessment

Equality impact assessment (EIA) screening was undertaken as part of the PNA which made use of a range of population information:

The PNA seeks to improve access to pharmacy services for all sectors of the population, with an emphasis on meeting the needs of specific groups: The PNA gives Sunderland City Council, Sunderland CCG and NHS England the opportunity to enhance services available to a wide range of target groups including those covered by the Equality Act:

Characteristic	Level of Impact			Comments
	Positive	Neutral	Negative	
Age				
Children and Young People	✓			Health needs and services for children and young people specifically considered
Adults of working age	✓			Health needs and services for adults of working age specifically considered
Older People	✓			Health needs and services for older people specifically considered
Disability	✓			Consideration given for access to services by people with a disability and a range of common adjustments
Gender reassignment		✓		Neither negative or positive
Marriage and Civil Partnership		✓		Neither negative or positive
Pregnancy and maternity		✓		Neither negative or positive
Race				While the specific health needs of BME groups have not been considered, the growing importance of these communities has been acknowledged
Religion or belief		✓		Neither negative or positive
Sex				
Men	✓			Pharmacies could make health services more accessible

Characteristic	Level of Impact			Comments
	Positive	Neutral	Negative	
Women	✓			Health needs and services for women specifically considered e:g:, emergency contraception
Sexual Orientation				
People who are Lesbian, Gay or Bisexual		✓		Neither negative or positive
Other				
Socio-economic status and deprivation	✓			Consideration given to the health needs and access to services for those in deprived areas

During the EIA no negative impacts of the PNA were identified: Several positive benefits were identified including:

- Meeting access needs for those people with disabilities;
- Consideration of the health needs of older people, young people and children;
- Consideration of the needs and access to services for those on low incomes;
- The possibility of improving pharmacy services for women (such as EHC);
- The need to increase access for men.

Appendix 10: Bibliographic References

1. [Health and Social Care Act 2012](#). Chapter 7. The Stationery Office: March 2012.
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