

Pharmaceutical Needs Assessment for Sunderland

July 2022 – July 2025

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Contents

Executive Summary	7
1. Introduction.....	8
1.1 Background.....	8
1.2 Purpose.....	9
1.3 Pharmacy market.....	9
1.4 National context	10
1.5 Pharmacy Services NHS Overview.....	10
1.6 Community Pharmacy Contractual Framework 2019-2024.....	11
1.7 Pharmacy Integration Fund.....	12
1.8 Point of care testing	12
1.9 Working across the North East and North Cumbria	13
1.10 Sunderland strategic objectives	14
2. The Health System in Sunderland.....	15
2.1 General Practice (including extended access).....	15
2.2 GP Enhanced Services	16
2.3 Primary Care Networks	17
2.4 GP out-of-hours.....	17
2.5 Urgent Treatment Centre	18
2.6 Out of Hospital (Community) Services	18
2.7 Hospital Services	19
3. Pharmaceutical Needs Assessment process	21
3.1 PNA development group.....	21
3.2 Determination of localities	21
3.3 Assessing health needs	24
3.4 Current provision within the City.....	24
3.5 Future provision	24
3.6 Stakeholder engagement.....	25
3.7 Statutory consultation.....	25
3.8 Recommendations and update from the previous <i>PNA 2018 – 2021</i> ⁽³⁾	25
4. An overview of Health Needs in Sunderland.....	27
4.1 Introduction	27
4.2 Population profile and demography.....	28
4.3 Life expectancy	28
4.4 Wider determinants of Health.....	29

4.4.1	Income	31
4.4.2	Employment.....	31
4.4.3	Education, skills, qualifications	31
4.4.4	Housing and Homelessness	32
4.4.5	Crime	32
4.4.6	Living Environment	33
4.5	Housing and Regeneration	33
4.6	Transport.....	35
4.7	Lifestyle factors affecting health outcomes	36
4.7.1	Smoking.....	39
4.7.2	Alcohol.....	40
4.7.3	Substance misuse.....	41
4.7.4	Healthy Weight.....	42
4.7.5	Sexual Health and Teenage Pregnancy	43
4.8	Cancers.....	46
4.9	Long term conditions.....	46
4.9.1	Cardiovascular disease.....	47
4.9.2	Hypertension.....	48
4.9.3	Atrial Fibrillation	48
4.9.4	Diabetes.....	49
4.9.5	Chronic Kidney Disease.....	49
4.9.6	Respiratory	50
4.9.7	Older People.....	51
4.9.8	Dementia	53
4.10	Mental Health and Mental Wellbeing	54
4.11	Learning Disability.....	56
4.12	COVID-19 and Long COVID	57
4.13	Health Protection issues	59
4.13.1	Seasonal influenza	59
4.13.2	Antimicrobial resistance.....	59
4.13.3	Blood borne viruses.....	60
4.14	Summary of health needs analysis	60
5	Current Provision of Pharmaceutical Services	62
5.1	Overview	62
5.2	Standard contract (40 hours).....	65
5.2.1	Core hours	65
5.2.2	Supplementary hours.....	65

5.3	100 hour pharmacies	65
5.4	Pharmacy Access Scheme	66
5.5	Dispensing appliance contractors	66
5.6	Distance selling pharmacies.....	68
5.7	Dispensing Doctors	68
5.8	Hospital Pharmacy Services	69
5.9	Out of area providers of pharmaceutical services	69
6	Access to Community Pharmacy services in Sunderland	69
6.1	Number, type of pharmacies and geographical distribution	71
6.2	Dispensing activity in Sunderland	72
6.3	Access to pharmacies during pandemic.....	74
6.4	Access to pharmacies in areas of high population density.....	75
6.5	Access to pharmacies for older people	77
6.6	Access to pharmacies in areas of high deprivation	78
6.7	Access to pharmacies by opening hours.....	80
6.8	Ease of access to pharmacies	81
6.8.1	Weekday opening	81
6.8.2	Weekend opening	83
6.8.3	Opening during extended GP access and UCC opening hours	84
6.8.4	Access to pharmacies by foot and by public transport	87
6.8.5	Access to pharmacy services out of the Sunderland area	92
6.8.6	Feedback from customers regarding pharmacy opening hours	94
6.9	Improving access	95
6.9.1	Electronic prescription service	95
6.9.2	Collection and delivery services.....	95
6.10	Disability access	95
6.11	Access to Translation Services.....	96
7	Pharmaceutical Services Overview.....	97
7.1	Essential services	97
7.2	Advanced Services	98
7.2.1	Appliance use review	101
7.2.2	Community Pharmacist Consultation Service	101
7.2.3	Hepatitis C testing service	102
7.2.4	Hypertension case-finding service	102
7.2.5	New Medicine Service (NMS).....	103
7.2.6	Stoma Appliance Customisation Service (SAC)	104
7.2.7	Flu vaccination service.....	104

7.2.8	Smoking Cessation Advanced Service	104
7.2.9	Additional Advanced services set up in response to the COVID-19 Pandemic.....	104
7.2.10	COVID-19 lateral flow device distribution service	104
7.2.11	Pandemic Delivery of Medicines Service.....	105
7.3	Local Enhanced services	105
7.3.1	Covid vaccine administration (Local Enhanced Service)	105
8	Sunderland Locally Commissioned Services	106
8.1	Sunderland CCG Locally Commissioned services	106
8.1.1	Emergency supply of palliative care medicines	107
8.1.2	Fidaxomicin Supply.....	107
8.1.3	Other CCG initiatives	108
8.2	Sunderland City Council Public Health Commissioned Services	109
8.2.1	Stop smoking services (intermediate advisors).....	110
8.2.2	Nicotine replacement therapy (NRT) and varenicline vouchers (dispensing).....	113
8.2.3	Supervised consumption of opioid substitutes.....	114
8.2.4	Harm Reduction / Needle exchange scheme.....	116
8.2.5	Emergency Hormonal Contraception (EHC)	118
8.2.6	Healthy Start Vitamins	120
8.2.7	Sunderland Council Commissioned Services Summary	122
8.3	North East and North Cumbria Integrated Care System (NENC ICS) Commissioned Services	122
8.3.1	Walk-in CPCS Emergency Medicine Supply.....	122
8.3.2	Think Pharmacy First Minor Ailment Service	122
8.3.3	Urinary Tract Infection (UTI) PGD Service.....	123
8.4	Non-Commissioned Services	123
8.5	Collection and Delivery Services.....	123
8.6	Monitored Dosage Systems	124
9	Current and Future Pharmacist Role.....	125
10.	Engagement and Consultation	126
10.1	Stakeholder engagement.....	126
10.1.1	Overview of Response to the Public Survey.....	126
10.1.2	Overview of Response to Pharmaceutical Service Providers Survey.	126
10.2	Formal consultation.....	127
11	Summary of Findings.....	128
12	Statement of Pharmaceutical Needs Assessment.....	129
	Appendix 1 – GP Practice Addresses	132

Appendix 2 – Membership of Steering Committee	133
Appendix 3 - Sunderland PNA: Survey of Pharmaceutical Service Providers.....	134
Appendix 4 – Equality Impact Assessment	143
Appendix 5 - Community Engagement Questionnaire	145
Appendix 6 – Pharmacy addresses.....	153
Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Sunderland.....	161
Appendix 8 – Abbreviations.....	173
Appendix 9 – References and data sources.....	175

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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 PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. Each Health and Wellbeing Board was required to produce and publish its first PNA by 1 April 2015. A revised assessment must be published within three years of publication or sooner in response to significant changes to the availability of pharmaceutical services, provided this would not be a disproportionate response to those changes. In March 2021, due to operational pressures associated with the COVID-19 pandemic, the Department of Health and Social Care (DHSC) announced that the requirement to publish renewed PNAs would be suspended until October 2022. The Health and Wellbeing Board has now produced an updated PNA for formal publication by the 1st October 2022 deadline.

The PNA 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 within Sunderland City Council oversaw the development of the PNA on behalf of the Sunderland Health and Wellbeing Board. In the process of undertaking the PNA, 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), HealthWatch 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 21st March 2022 to 22nd May 2022 to seek the views of statutory consultees, the public and other stakeholders on whether they agree with the contents of this PNA. Any comments and feedback obtained from the consultation are reflected in this final revised version. The PNA for Sunderland also links to the health needs identified in the Joint Strategic Needs Assessment (JSNA).

This PNA 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 the contribution of community pharmacy to the Joint Health and Wellbeing Strategy.
- Key messages from stakeholder engagement activity and statutory consultation.
- A summary of findings and the statement of the PNA.

This PNA concludes that residents of Sunderland have good access to 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 benefits from two 100 hour pharmacies.

However, the 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.

Sunderland Health and Wellbeing Board also wish to acknowledge the contribution that community pharmacy services have made to the COVID-19 pandemic response since March 2020.

1. Introduction

1.1 Background

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

Each Health and Wellbeing Board was required to produce and publish its first PNA by 1 April 2015. A revised assessment must then be published within three years of publication of the previous PNA or sooner in response to significant changes to the availability of pharmaceutical services, provided this would not be a disproportionate response to those changes.

Sunderland Health and Wellbeing Board (HWB) published its current PNA in March 2018. This was due to be renewed and published by April 2021.

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

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

Therefore, in light of this announcement and following on from the publication of the *PNA for Sunderland April 2015 – March 2018* ⁽³⁾ the Health and Wellbeing Board has now produced an updated PNA for publication by 1 October 2022.

The requirements of a PNA 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 *PNA, Information Pack for Local Authority Health and Wellbeing Boards* ⁽⁷⁾, published by the Department of Health in October 2021.

The regulations as set out above, require the PNA to include a statement of the pharmaceutical services that the HWB Board has identified are not provided within its area, but which the board is satisfied:

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

This PNA relates to community pharmacies. Prison pharmacy and hospital pharmacy are outside the scope of the PNA.

1.2 Purpose

The PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population. It describes the health needs of the population (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⁾. 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 and NHS Improvement 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 including locally enhanced 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⁾;
- Facilitate opportunities for community pharmacy to make a significant contribution to the health of the population of Sunderland.

1.3 Pharmacy market

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

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 PNA. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e., internet or mail order only) basis.

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

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

1.4 National context

Following publication of the *NHS Five Year Forward View* ⁽¹⁰⁾ in 2014 which set out a clear direction for the NHS over the period to 2020/21 the *NHS Long Term Plan* in 2019 ⁽⁹⁾ set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead.

The NHS Long Term Plan ⁽⁹⁾ acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy:

- *The NHS will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.*

1.5 Pharmacy Services NHS Overview

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

Community pharmacies in England provide a range of services including:

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

Key findings of *General Pharmaceutical Services in England 2015/16 - 2020/21*⁽¹¹⁾ indicated that:

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

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

1.6 Community Pharmacy Contractual Framework 2019-2024

The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed a five year plan, the *Community Pharmacy Contractual Framework (CPCF)* ⁽⁸⁾ which describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan.

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

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

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

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

1.7 Pharmacy Integration Fund

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

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

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

1.8 Point of care testing

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

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

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

1.9 Working across the North East and North Cumbria

The NHS across England is changing with the creation of 42 Integrated Care Systems (ICS) designed to support better co-ordination of health and care services, improve overall health and outcomes and reduce inequalities.

The North East and North Cumbria was one of the first health and care systems to be officially designated an ICS in 2019 – recognising a strong history and track record of working together to join up health and care and improve the health of local communities. The North East and North Cumbria ICS is the largest in the country.

From 1 July 2022, this system will be formalised (subject to parliamentary approvals) which will include the establishment of North East and North Cumbria Integrated Care Board (ICB) – a statutory NHS organisation. This replaces the previously stated target date of 1 April 2022.

The ICB will take over the responsibilities currently held by the eight Clinical Commissioning Groups (CCGs) within the region as well as some commissioning functions carried out by NHS England including dental, community pharmacy and optometry services. ICBs will be required to develop plans, working with NHS England regional commissioning teams to take on effective delegated commissioning functions from 2023/24.

The ICB will be responsible and accountable for NHS spend and performance within the system. Other functions of the ICB include promoting integration of health and care services, improving health and wellbeing and reducing health inequalities.

Local Pharmaceutical Committees (LPCs) within the North East and North Cumbria as part of a regional community pharmacy approach, have been engaged in discussions regarding representation within the ICS, exploring the role of community pharmacy within a broader regional framework. and the routes through which community pharmacy can influence and help shape the ICS in respect of the community pharmacy offer.

1.10 Sunderland strategic objectives

The Sunderland Health and Wellbeing Board brings together Sunderland City Council, Sunderland Clinical Commissioning Group and 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 describes the health and wellbeing of people in Sunderland and how this compares to the rest of England. The PNA forms an integral part of the JSNA, which informs the *Sunderland Healthy City Plan 2020-2030* ⁽⁴⁾

Sunderland's *Healthy City Plan 2020-2030* ⁽⁴⁾ sets out the vision for the city as follows:

"Everyone in Sunderland will have health, happy lives, with no one left behind"

The shared values and behaviours underpinning the plan are:

- **Focusing on prevention** – helping people to stay healthy, happy and independent;
- **Tackling health inequalities** – challenging and taking action to address inequalities and the social determinants of health;
- **Equity** – ensuring fair access to services dependent on need;
- **Building on community assets** – recognising individual and community strengths that can be built upon to support good health and independence;
- **Working collaboratively** – everyone playing their part, sharing responsibility and working alongside communities and individuals;
- **Being led by intelligence** – using data and intelligence to shape responses.

The approach laid out within the plan focuses on tackling the social factors of health - 'the causes of the causes' of poor health - throughout the life course and addressing inequalities for key vulnerable populations.

The plan recognises the responsibility for health and wellbeing of residents going beyond the health and social care system, with all organisations within the city playing a role in preventing ill health and supporting residents to help themselves to be healthy.

The Health and Wellbeing Board has strategic oversight of the *Healthy City Plan 2020-2030* ⁽⁴⁾ and provides assurance to the Sunderland City Board on progress being made.

2. The Health System in Sunderland

2.1 General Practice (including extended access)

There are 38 GP Practices in Sunderland delivering primary medical services from locations across the City (Appendix 1); all are open for the same core hours of 8.00am until 6.00pm, Mondays to Fridays. A sub-contracting agreement is in place for 6.00pm to 6.30pm). Sunderland has no dispensing doctors.

The development of GP services across the City is guided by the *Commissioning Strategy for General Practice 2019-2024* ⁽¹²⁾ 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.

From September 2017, new arrangements for extended access to GP services were introduced across the City. These are provided by the Sunderland GP Alliance (SGPA) 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.

Appointments are available at five hub locations across the city from 6.00pm until 8.30pm, Monday to Friday and from 9.00am until 5.30pm on Saturdays and Sundays. Hub locations are as follows:

- Houghton Health Centre, Church Street, Houghton-le-Spring, DH4 4DN (Coalfields);
- Riverview Health Centre, West Lawrence Street, Hendon, SR1 1XW (Sunderland East);
- Bunny Hill Primary Care Centre, Hylton Lane, SR5 4BW (Sunderland North);
- 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, the Urgent Treatment Centre and Sunderland Royal Hospital is shown at Figure 1

2.2 GP Enhanced Services

NHS England or Clinical Commissioning Groups may commission “enhanced services” from general practice. 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), National Enhanced Services (NES) or Local Enhanced Services (LES).

Enhanced services that are currently available with national specifications produced by NHS England are:

- Health checks for people with a learning disability;
- Targeted immunisation programmes;
- Long Covid;
- Weight Management.

Community pharmacies could and many do, help to deliver elements of the enhanced services by providing advice and support, helping with self-care and signposting to other services. Community pharmacies make a significant contribution to improving access to the seasonal influenza 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.

Sunderland CCG has implemented a single Quality Premium scheme to replace LESs and most DESs. Payments for practices under the Quality Premium are outcome based and incorporate CCG and national priorities. The scheme is reviewed annually. For 2022/23, the proposed focus areas are Cardiovascular Disease (including diabetes), Mental Health and Learning Disabilities, Cancer and Respiratory.

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;
- Delivery of the pharmacist elements of the Enhanced Health in Care Homes DES;
- Providing ambulatory Echocardiogram (ECG) via hub and spoke arrangements to improve diagnosis of atrial fibrillation, support appropriate management and reduce the risk of stroke;
- Piloting medicines reconciliation at hub level following discharge from hospital;
- Working collaboratively with the Recovery at Home service to develop an integrated, city-wide in hours home visiting service;
- Working at scale to establish locality hubs to undertake spirometry and Fractional Exhaled Nitric Oxide (FeNo) to support the diagnosis and management of lung conditions.

2.3 Primary Care Networks

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

PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Sunderland PCNs represent the current localities with the exception of Sunderland West, which is split into two PCNs due to the population size of the locality.

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

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

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

In Sunderland each PCN has a senior pharmacist who supports a team of pharmacists and pharmacy technicians that work in GP practices. The focus of these teams is to conduct structured medication reviews (SMRs), focused medication reviews, assist with patient queries regarding medications, and to implement clinical interventions relating to quality, safety and cost-effectiveness. All pharmacists and technicians discuss medication changes and issues with community pharmacists as appropriate.

Community pharmacy services play an important role in supporting the services provided by general practice and the PCNs as reflected by the changes in the essential, advanced and locally commissioned services as described later in this report. The senior pharmacist of each PCN team and LPC PCN representative are regularly in contact to support improvements in communication and joint ways of working with community pharmacy colleagues.

2.4 GP out-of-hours

The GP out-of-hours service provides emergency access for patients with urgent primary care needs between the hours of 6.30pm and 8.00am, Monday to Friday 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 will be offered if a face-to-face consultation is required.

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

2.5 Urgent Treatment Centre

Sunderland's Urgent Treatment Centre (UTC) is located at Sunderland Royal Hospital beside the Adult Emergency Department. The service operates from 10.00am to 10.00pm, Monday to Friday and 8.00am to 10.00pm on Saturday and Sunday. Extended hours were in place until the end of March 2022, with the UTC staying open until midnight.

The UTC provides treatment for a range of minor illnesses and injuries that require urgent attention and 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 the UTC if appropriate. Patients can also "walk-in" to the UTC though are likely to be seen sooner at the centre if they arrange an appointment through NHS 111.

2.6 Out of Hospital (Community) Services

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

Sunderland Care and Support (SCAS) is a key provider of adult social care and health services offering 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.

All Together Better (ATB) is key in delivery of Sunderland's vision for out of hospital care. It is an alliance of commissioners and providers working together across organisational boundaries to better join up health and care services. Partners involved include:

- SCAS;
- SCC;
- SCCG;

- SGPA;
- STSFT;
- CNTW.

ATB has four programmes focused on delivering the vision of delivering better health and care to the people of Sunderland:

- Programme 1 - General Practice;
- Programme 2 - Mental Health, Learning Disabilities and Autism;
- Programme 3 - Enhanced Primary Care and Community Care;
- Programme 4 - Emergency Intermediate and Urgent Care;
- Programme 5 - Integrated Health and Social Care Services.

2.7 Hospital Services

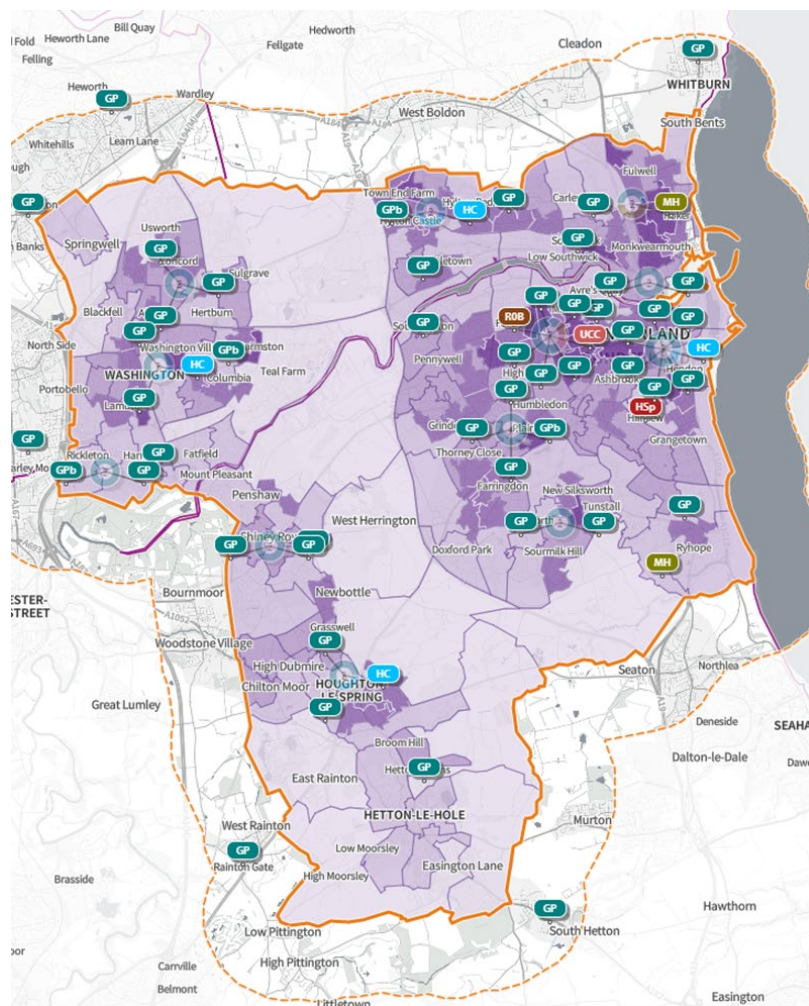
STSFT is the main provider of hospital services for the Sunderland population. Sunderland Royal Hospital is situated in the ward of Millfield (Sunderland West and bordering Sunderland East). Sunderland Eye Infirmary is located in St Michael's ward (Sunderland East).

CNTW 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 Covid recovery of services.

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

Figure 1: Map showing the locations of GP surgeries, Extended Access Hubs (based in Health Centres) the Urgent Treatment Centre and the Sunderland Royal Hospital Site



Density Key

Population density: All

The analysis focuses on the estimated population density per km².

Sunderland's estimated population density in mid-year 2020 is 2016.75 people/km² within a range of 155 to 12716 across 184 LSOAs.

The England-wide LSOA distribution is 2 to 106716 with a mean value of 4420.91 people/km².

Key

Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

- 6,513.01 to 106,716 pop/km²: 23 areas
- 4,334.01 to 6,513 pop/km²: 53 areas
- 2,578.01 to 4,334 pop/km²: 47 areas
- 747.01 to 2,578 pop/km²: 49 areas
- 2 to 747 pop/km²: 12 areas

- HC: Healthcare Centre
- GP: GP Surgery
- ROB: Sunderland Royal Hospital
- UCC: Urgent Treatment Centre
- MH: Mental Health Provider (CNTW)
- site
- HSP: Eye Infirmary

3 Pharmaceutical Needs Assessment process

3.1 PNA development group

As set out within section 1 of this PNA, the legislation that describes the duties of the Health and Wellbeing Board in regard to PNAs is the *National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* ⁽⁶⁾ (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The public health team within Sunderland City Council oversaw the development of this PNA on behalf of the Sunderland Health and Wellbeing Board. In the process of undertaking the PNA, a steering group was established in November 2021. The core membership of the group included representatives from the public health and communications teams at Sunderland City Council, Sunderland Clinical Commissioning Group, Sunderland Local Pharmaceutical Committee and Sunderland Healthwatch. Full membership is set out in Appendix 2.

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 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 in 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 Sunderland City Council. 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;

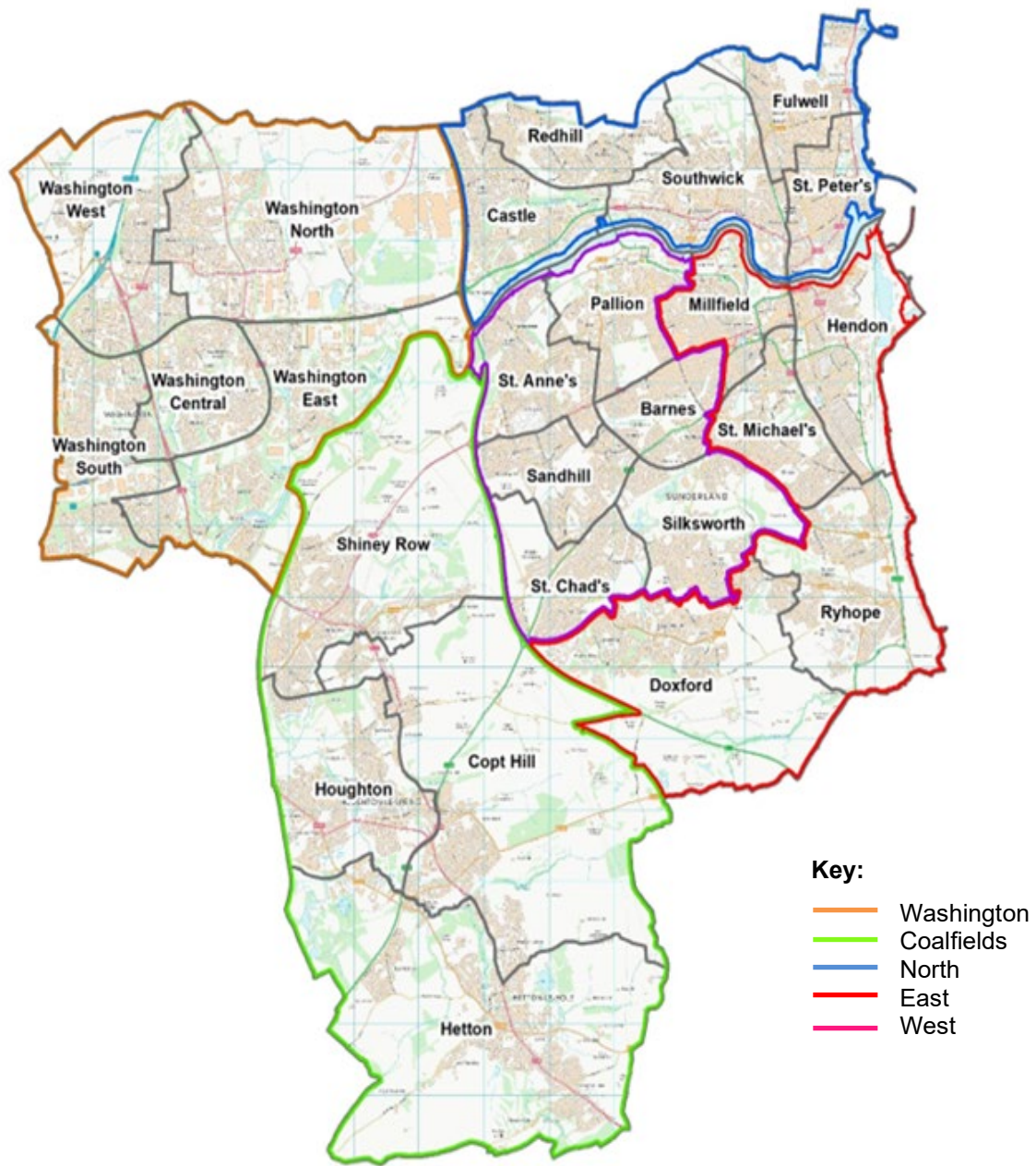
- Sunderland West – covering Barnes, Pallion, Sandhill, Silksworth, St Anne’s and St Chad’s wards; and
- Washington – covering Washington Central, Washington East, Washington North, Washington South and Washington West wards.

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

The HWB notes however, that the Primary Care Network (PCN) geographies differ from the localities defined at Sunderland Council. Sunderland PCNs are defined as 6 geographies and therefore are not co-terminus with the localities described in this document.

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Figure 2: Map of localities used within the PNA



3.3 Assessing health needs

The *Local Government and the Public Involvement in Health Act 2007* ⁽¹³⁾ created the duty to undertake JSNAs. From April 2008, this duty was carried out by 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 Health and Wellbeing Boards.

This PNA is directly aligned to the Sunderland JSNA ⁽⁵⁾ and the statement of health needs, presented in section 4 of this document, are consistent with it.

3.4 Current provision within the City

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline. 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 supplemented using a questionnaire made available to all community pharmacies including distance selling pharmacies. The questionnaire was not sent to appliance contractors. The survey was undertaken between 17/12/2021 and 31/01/2022 (at this time there were 64 pharmacies excluding appliance contractors). A total of 32 out of 64 community pharmacy contractors responded, giving a response rate of 50%. A summary of the findings of the survey are described in section 10 with detail within Appendix 3.

3.5 Future provision

The questionnaire for community pharmacies also provided the opportunity for pharmacy contractors to comment on how they felt community pharmacy could contribute to the strategic priorities set out in Sunderland's *JSNA* ⁽⁵⁾ and *Sunderland Health & Care System's Operational Plan* ⁽¹⁴⁾. Therefore, only the views of those who responded to the survey have been considered in this regard.

This PNA 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 in Sunderland.

The *Equality Act, 2010* ⁽¹⁵⁾ 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 4.

3.6 Stakeholder engagement

The views of the public and a range of agencies and groups were gathered in the form of a survey on Pharmacy Services. This was made available between 12/01/2022 and 01/02/2022 through Sunderland City Council's website with the survey title "Help improve your local pharmacy services". The survey was also promoted using social media and through the Healthwatch Sunderland and Sunderland Local Pharmaceutical Committee websites.

In total, 152 survey responses were received. These have been considered as part of this PNA. Section 10 and Appendix 5 of this document provide a summary of the analysis and outcomes of the public engagement.

3.7 Statutory consultation

The formal consultation on the draft PNA for Sunderland ran from 21st March 2022 to 22nd May 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

A total of 8 responses were received from community pharmacy providers, individual residents of Sunderland, NHSEI and Sunderland LPC. In addition, comments regarding the draft PNA raised at Sunderland Council Health and Wellbeing Scrutiny Committee were included as part of the consultation response. A detailed summary can be found in Appendix 7.

In general, the consultation draft Pharmaceutical Needs Assessment 2022 was well received and supported with feedback which was generally positive. As a result of the consultation process a number of amendments were incorporated into the final PNA document with the agreement of the PNA Steering Group.

3.8 Recommendations and update from the previous PNA 2018 – 2021 ⁽³⁾

Following development of the PNA 2018-2021, Sunderland Health and Wellbeing Board made the following statements:

- 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.

Update since 2018 PNA:

Though the period of the current PNA has seen the closure of Lloyds branches in Hendon and Southwick Health Centre and the consolidation of two Rowlands Pharmacy branches in the Pallion area, other local provision has ensured that accessibility has been retained in these areas and additional pharmacies have not been required through market entry.

- 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 PNA.
- 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 to explore securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services.

Update since 2018 PNA:

Other local provision has ensured that accessibility has been retained in the area around Lloyds Pharmacy in Hendon. Locally commissioned services provided by Lloyds were successfully transferred to other pharmacies in the local area.

- 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 we 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 focused on medicines optimisation - could effectively contribute to Sunderland’s key health challenges.
- 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

Update since 2018 PNA:

Locally commissioned public health services have continued to provide good coverage across Sunderland throughout the life of the current PNA, with some additional schemes being introduced to provide further 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.

4 An overview of Health Needs in Sunderland

This section includes information from the latest published *Sunderland JSNA 2021-22*⁽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. For more detailed information on health needs, the JSNA can be accessed at: <https://sunderland.gov.uk/> by searching for JSNA. Most data and information in this section is directly from the JSNA and where this is not the case, sources are referenced.

4.1 Introduction

Sunderland is a city located at the mouth of the River Wear along the North Sea Coast of England. It is the second largest local authority area in Tyne and Wear covering a total of 137 square kilometres. The city has an industrial heritage including both shipbuilding and coal mining. Its current economy is built on the manufacturing sector including automotive engineering, electronics and the service industry. It is home to

the UK's largest car plant and is a European centre for electric vehicle research and production.

4.2 Population profile and demography

Sunderland has a population of around 277,846 (mid-2020 estimate). The population has fallen from close to 300,000 in the early 1990s, due in part to outward migration of younger working age people. Recently, this fall has levelled out and the population is predicted to remain stable at around 277,000 by 2031.

Compared to England as a whole, the population of Sunderland has a higher proportion of older people who use health and social care services more intensively than other population groups. They may also require more complex forms of treatment due to frailty and the presence of one or more long term conditions. Deaths from COVID-19 in Sunderland have predominantly affected the older age groups.

- 19.9% of the Sunderland population are aged 65 years and older, higher than the England average (18.8%);
- The population aged 65 years and over is projected to rise to 24% by 2031. The proportion of the population aged 80 years and over is also projected to rise from 5.1% in 2020 to 6.5% in 2031. It is important to note that population projections do not yet take any impacts of COVID-19 into account.

Sunderland has also seen an increase in the population of people from black and minority ethnic communities, though the city is less ethnically diverse than the England average. The age distribution of people from black and minority ethnic communities is generally younger than the overall population the city. Predicted patterns of migration suggest that the increase in the ethnic diversity of the population of Sunderland is likely to continue over the next 20 years.

A Census was undertaken in March 2021, and it is anticipated that more detailed demographic information will be available later in 2022 and onwards.

4.3 Life expectancy

Life expectancy is a barometer of the health and social determinants of health within an area. COVID-19 has directly and indirectly impacted on life expectancy due to the high levels of excess deaths occurring during the pandemic. Life expectancy at birth for males in Sunderland is 76.6 (for 2018-20, compared with 77.6 for the north east and 79.4 for England). Life expectancy at birth for females in Sunderland is 80.9 (for 2018-20, compared with 81.5 for the North East and 83.1 for England). This represents a decrease in life expectancy of 0.4 years for males and 0.5 years for females compared to the 2017-19 monitoring period which is likely to have reflected the initial year of the pandemic.

Whilst average life expectancy at birth had improved over a number of years, the city remains behind the England position and local residents live, on average, shorter lives

than the England average. They also live, on average, a greater part of their lives with illness or disability which limits their daily activities.

Notably, the gap between life expectancy in Sunderland and England widened for both males and females between the 2015-2017 and 2017-19 monitoring periods.

Health inequalities in Sunderland result in significant variations in mortality and life expectancy at birth between the areas within it.

- The gap in life expectancy across wards has widened in Sunderland between 2013-2017 and 2017-2019.
- On average, it has widened for males from 11.8 years to 12.4 years (Hendon 69.7 years compared to Fulwell 82.1 years), and for females it from 9.4 years to 10.8 years (Hendon 75.9 years compared to Washington South 86.7 years).

4.4 Wider determinants of Health

Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. Evidence suggests that the social determinants of health are more important than healthcare in ensuring a healthy population.

The reason there are different health outcomes in different areas of Sunderland is because health inequalities are strongly linked to deprivation. There is a substantial amount of evidence showing that people living in the most deprived areas have poorer health and health outcomes than those in the more 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.

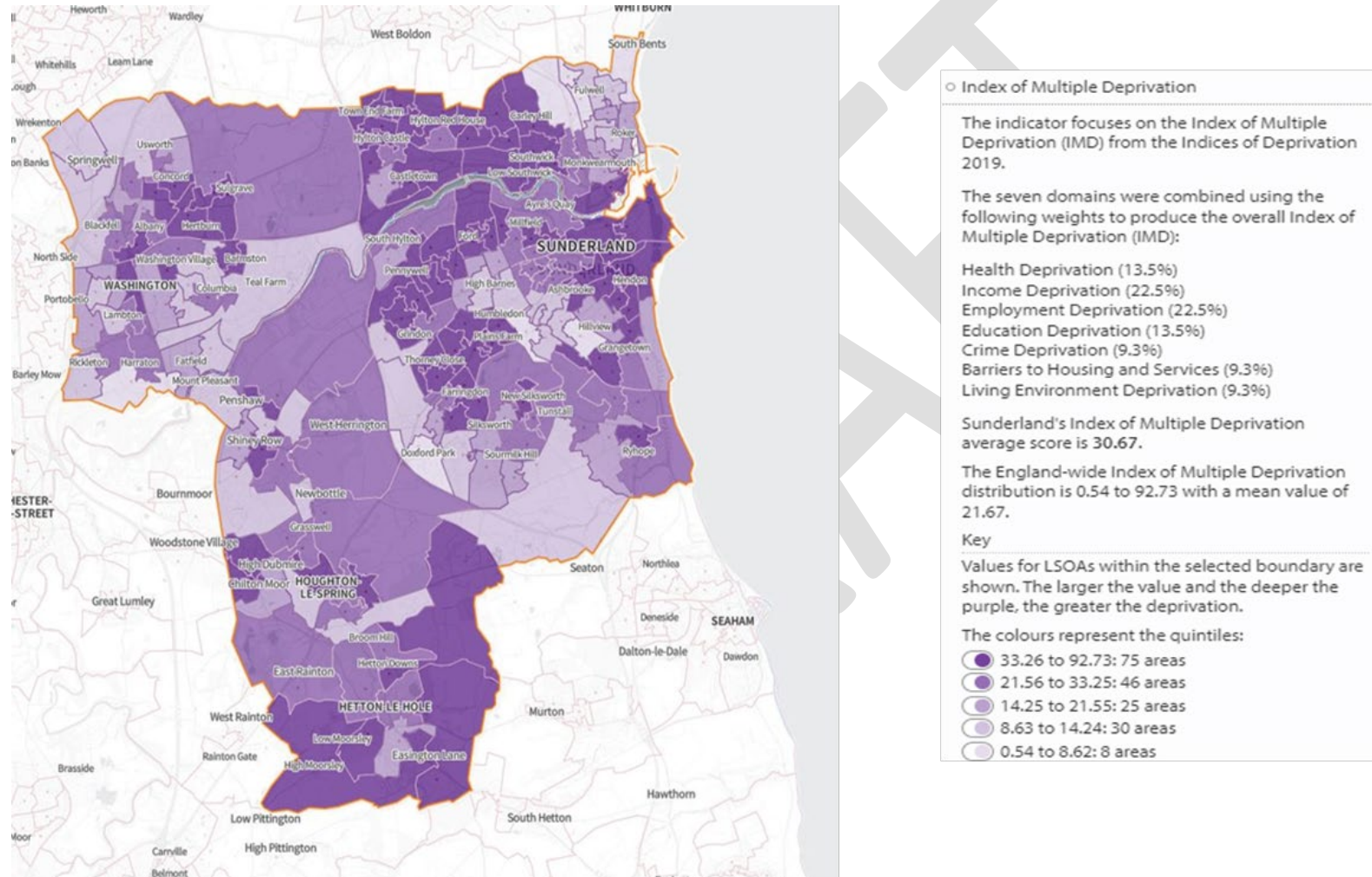
The Index of Multiple Deprivation 2019 (IMD2019) measures socioeconomic disadvantage across seven domains:

- Income;
- Employment;
- Health;
- Education;
- Barriers to housing and services;
- Crime;
- Living environment.

The overall IMD2019 is a weighted average of the indices for the seven domains. Levels of deprivation remain high within Sunderland. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500.

Seventy-five (approximately 40%) of Sunderland's 185 Lower Super Output Areas (LSOAs) are among the most disadvantaged fifth of all areas across England. 40.6% of Sunderland residents live within these areas.

Figure 3: Index of Multiple Deprivation – LSOA Sunderland, 2019



Ordnance Survey 100016969 | [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

4.4.1 Income

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low income households are particularly vulnerable to changes in the cost of living and increased health risks associated with poverty.

- Average full-time earnings for workers who are Sunderland residents is £496.80 per week; this is below the average for the North-East (£523.50) and Great Britain (£587.20).
- 27.3% of children are living in low-income families in Sunderland compared to 26.8% regionally and 19.1% nationally.
- In Sunderland there was an 18% increase in food parcels delivered to families from April to September 2020.
- In 2019, 15.3% of households in Sunderland were classed as fuel poor, which is higher than the North East figure of 14.8% and the England figure of 13.4%.
- The percentage of adults aged 60 or over living in income-deprived households (out of all adults aged 60 or over) in 2019 in Sunderland was 21.7%, which is statistically significantly higher than the figure for England of 14.2%.

4.4.2 Employment

Good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work and unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

Employment rates in Sunderland compare unfavourably to both England and the wider North East.

- The percentage of out of work benefit claimants aged 16-64 in Sunderland in May 2021 was 7.3%, higher than the North East figure of 6.8% and the national figure of 6.0%.
- Between March 2020 and March 2021 – the claimant count for 18-24 year olds rose by 46%, from 1,890 to 2,760 and for 25-29 year olds rose by 38%, from 1,280 to 1,765.
- In Sunderland 136,100 people (76.2% of the population) are economically active, with 23.6% economically inactive.
- 41.6% who are economically inactive in Sunderland are identified as long-term sick, compared with 28.8% in North East as a whole.

4.4.3 Education, skills, qualifications

Education and health and wellbeing are intrinsically linked. Education is strongly associated with healthy life expectancy, morbidity and health behaviours. Educational attainment plays an important role in health by shaping opportunities, employment, and income. Low educational attainment is correlated with poorer life outcomes and poor health.

The average levels of education, skills and qualifications in Sunderland are lower than the regional and national average:

- The percentage of all children achieving a good level of development at the end of Reception is 72.6% for Sunderland, and 71.8% for both the North East and England.
- Attainment 8 is the results of pupils at state-funded mainstream schools in 8 GCSE-level qualifications, measuring how well children do in key stage 4. In February 2021 the average attainment 8 score in Sunderland was 48, lower than the national average of 50.2 in 2019/20.
- In 2020/21, the percentage of 16/17-year-olds in Sunderland not in education, employment, or training (NEET) was a combined figure of 5.1% (NEET 4.4% and Unknown 0.6%). This was below the national average (5.5%) and the regional average (5.7%). The performance shows an improvement of 5.5 percentage points from the 2019/20 figure of 10.6%.
- In 2019 there was a lower percentage of 16–64-year-olds in Sunderland who were qualified to at least NVQ Level 4 or higher (27.4%) compared to the region (31.9%) and England (33%).

4.4.4 Housing and Homelessness

A Strategic Housing Market Assessment (SHMA) ⁽¹⁶⁾ produced in 2020 reported the results of the 2019 Sunderland household survey and indicated that:

- 10.2% of households in Sunderland (12,675 households) were classified as households in need (including insecure tenure, overcrowding, house too difficult to maintain, unfit dwelling amenities or health or social needs – see Figure 7 below).
- In the private rented sector, 25.9% of households were in housing need, compared to 11.7% of those in affordable housing and 6.1% of those in owner occupation.

4.4.5 Crime

Crime can have a wide-ranging effect on people's health. In Sunderland, indicators relating to crime, including re-offending rates and hospital admissions for violent crime (including sexual violence) are higher than England as a whole, though comparable to the wider North-East.

- Total recorded crime in Sunderland was 99 per 1000 in 2020/21, above the North East (91.7) and England average (77.2).
- Hospital admissions for violence (including sexual violence) in Sunderland for 2017/18-19/20 were 71.2 per 100,000, which is similar to the regional figure of 63.4 and significantly higher than the national figure of 45.8.

4.4.6 Living Environment

The quality of the built and natural environment such as air quality and the quality of green spaces also affects health. Key points to note for Sunderland include:

- Sunderland City Council has set out ambitious targets to be a carbon neutral local authority by 2030 and is working with partners across Sunderland for the city to deliver against its Low Carbon Framework.
- Sunderland has a Green Infrastructure Strategy which aims to protect a range of district and inter-Green Infrastructure Corridors and assets which provide multiple benefits to people and wildlife across the city.
- Sunderland prepares a Local Flood Risk Management Strategy every 5-6 years, which has the target of decreasing the number of properties at high flood risk.
- Sunderland also adheres to the England Heatwave Plan, which has the target of reducing the harm to health from severe heat and heatwaves.
- Sunderland also adheres to the Cold Weather Plan (CWP) for England, which aims to prevent avoidable harm to health, by alerting people to the negative effects of cold weather and enabling them to prepare and respond appropriately. The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people.
- All local authorities monitor local air quality and produce annual reports and updates to DEFRA. The 2019 Air Quality Report for Sunderland found that the air quality in Sunderland is good and that there has been a general decline in some of the pollutants measured. In 2019, the fraction of mortality attributable to particulate air pollution was 3.7 in Sunderland, which was similar to the North East figure of 3.6 and lower than the England figure of 5.1.

4.5 Housing and Regeneration

The *Core Strategy and Development Plan 2015-2033* ⁽¹⁷⁾ was adopted by Sunderland City Council in January 2020. The Plan seeks, through the provision of new housing, to meet the needs and aspirations of existing and future residents, creating sustainable neighbourhoods in which residents want to live and work.

The largest area of growth for new homes is within South Sunderland Growth Area (SSGA). Sites within SSGA include Chapelgarth, Land North of Burdon Lane, Cherry Knowle and South Ryhope. These sites are allocated to create a new high quality, vibrant and distinctive neighbourhood. Development should deliver approximately 3000 new homes to be broadly distributed across the four sites as follows:

- Chapelgarth – approximately 750 homes;
- Land North of Burdon Lane – approximately 1,000 homes;
- Cherry Knowle – approximately 800 homes;
- South Ryhope – approximately 450 homes;

A neighbourhood centre is included within Land North of Burdon Lane to provide a focal point within the SSGA and complement nearby existing centres. This will

comprise a range of appropriate uses including shops, financial, professional and provision of medical and healthcare services. It will also include a new primary school which will also serve as a community hub. SSGA is to include new and improved public transport services and infrastructure and support the completion of the Ryhope-Doxford Link Road.

The draft *Sunderland Allocations and Designations Plan (A&D Plan)* ⁽¹⁸⁾ sets out local policies including site-specific policy designations and allocations for the development, protection and conservation of land in the city. It will allocate a range of housing sites to meet the requirements of mix, type and site size to ensure a supply of land to meet the plan period housing requirement. The Council undertook a Regulation 18 consultation on the draft A&D Plan between 18 December 2020 and 12 February 2021 and is expected to undertake a final round of consultation later in 2023 with a view to adopting the plan in 2024.

Within the A&D Plan two strategic sites are identified which will combined, deliver around 2500 homes;

- Riverside Sunderland: 1000 homes; and
- Washington Meadows: 1500 homes

Riverside Sunderland will become a new business district which will rebalance the city economy by providing modern offices, workspace and studios for a range of businesses, encouraging start-up businesses and attracting inward investment to the City Centre. In addition, four new neighbourhoods at Vaux, Farringdon Row/Ayre's Quay, Sheepfolds and Bonnersfield which connect with each other across the Wear Basin will form a new community on the river. These neighbourhoods will be highly liveable and sustainably connected communities, linked with a revitalised Riverside Park. The development of Sunderland Riverside should deliver housing, offices, shops, restaurants, cafes, business uses, a health centre, hotels, purpose-built student accommodation, a school/non-residential education/training centre and a public library.

Washington Meadows will become an example of a low carbon, sustainable development and a destination of choice for families wishing to live in Sunderland. The development will achieve high standards of sustainability, design and provide a range of supporting facilities to help foster a strong sense of community. The creation of well connected, integrated and sustainable transport links will be essential to making this a sustainable neighbourhood. It is envisaged that up to 1500 homes will be provided in the long term, with approximately 400 anticipated to be delivered by the end of the plan period of the Core Strategy and Development Plan in 2033.

Table 1: Future Housing Developments in Sunderland – Number of New Dwellings by Locality (Strategic Housing Land Availability Assessment December 2020) ⁽¹⁹⁾

Sub Area	Deliverable 1-5 years (2020/21-2024/25) (dwellings)	Developable 6-10 years (2025/26-2029/30) (dwellings)	Developable 11-15 years (2030/31-2034/35) (dwellings)	Sub Area Total Deliverable & Developable SHLAA Sites (2020-2035)
Urban Core	356	630	310	1296
Washington	422	303	30	755
Sunderland North	754	314	41	1109
Sunderland South	1697	1771	1137	4605
Coalfield	1693	803	461	2957
Total City Area	4922	3821	1979	10722

The Annual Position Statement (APS) ⁽²⁰⁾ sets out Sunderland City Council's five-year housing land supply position. The purpose of the five-year housing land supply is to provide an indication of whether there are sufficient deliverable sites available to meet the housing requirement set out in adopted strategic policies for the next 5 years. The base date of this statement is 1 April 2021 and it projects a five year housing land supply position from 1 April 2021 to 31 March 2026. The APS states Sunderland has an adjusted housing requirement of 4098 over the five-year period. This adjusted housing requirement includes a 10% buffer, with no issues identified in land supply to meet this requirement.

4.6 Transport

Improvements to public transport and accessibility across Sunderland have been identified as a strategic priority alongside reducing the adverse impact of road traffic and traffic congestion. The level of population and employment growth proposed over the next 18 years will necessitate increased investment in public transport to improve transport accessibility for all users, and the council intends to work with partners, transport operators and developers to ensure that this takes place.

Focusing on sustainable transport development aims to improve accessibility as well as helping to support other initiatives in Sunderland such as helping to improve traffic congestion, air quality, road safety and supporting increased levels of physical activity and overall health.

The council is also seeking to ensure that major new developments are located in areas with high levels of public transport accessibility, thereby reducing the need to

travel by private car, to minimise energy use and to increase opportunities for walking and cycling.

To improve connectivity and enhance the city's transport network, the council, working with its partners and utilising developer contributions will seek to deliver the following new highways schemes and initiatives:

- Sunderland Strategic Transport Corridor (remaining phases);
- Ryhope to Doxford Park Link Road;
- Central Route section of Coalfield Regeneration Route; and
- Improvements to the mainline and key junctions on the A19, including providing access to the International Advanced Manufacturing Park (IAMP);
- Improve the following transport routes and bus corridors to encourage walking and cycling and to reduce congestion:
 - A183 Chester Road;
 - A690 Durham Road;
 - A1231 Sunderland Highway (west of the A19);
 - A1018 Newcastle Road;
 - B1522 Ryhope Road;
 - Washington Road/North Hylton Road (east of A19);
 - A182 Houghton/Hetton Road.
- Improve the operating conditions for buses, in particular through securing improvements to the major bus corridors identified above; and exploring park and ride opportunities.
- Support improvements to the Metro and rail network including new stations and routes where deliverable.
- Safeguard the following disused railway alignments for future use: i) Leamside line; and ii) South Hylton to Penshaw

4.7 Lifestyle factors affecting health outcomes

In 2012, work by the *Kings Fund* ⁽²¹⁾ 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. Local data from the 2017 Sunderland Adult Health and Lifestyle Survey indicated that the proportion of people who reported engaging in multiple lifestyle risk factors (including smoking, excessive alcohol use, poor diet, and low levels of physical activity) was as follows:

- 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.

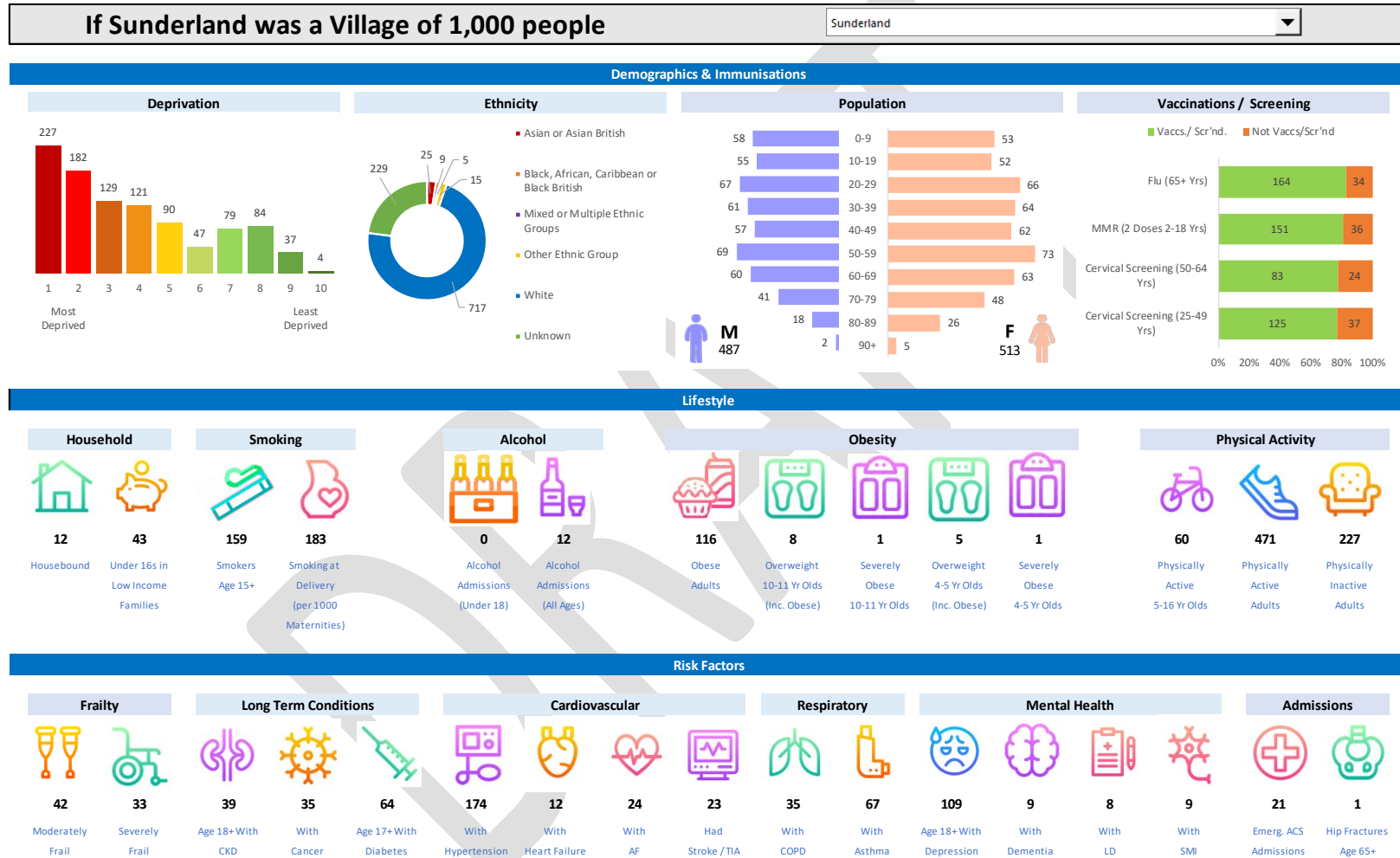
Unhealthy behaviours continue to drive higher prevalence of long term conditions and increased rates of premature death across the city. Therefore, a key challenge for the

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.

If Sunderland was a village of 1000 people (see Figure 4):

- 409 people would be classified as deprived and 41 as affluent;
- 70% of the population would be white and we wouldn't know the ethnicity of 229 people;
- There would be slightly more females than males and 263 people would be aged 60+;
- Less than 50% of adults within the village would be considered physically active and 79 adults would be considered obese;
- 159 people would be current smokers;
- There would be 12 emergency admissions a year for alcohol related conditions;
- 43 children would be living in low-income families and only 60 children would be physically active. 15 children would be overweight or obese;
- 75 people in the village would be frail (33 of these severely frail);
- After physically inactive adults, the second health impact in the village would be hypertension (174 people);
- 109 people would be living with depression;
- 67 people would have asthma, 35 COPD and 64 people (17+) with diabetes

Figure 4: If Sunderland was a village of 1000 people



Data sources: (22), (23), (24), (25), (26), (27) and (28)

4.7.1 Smoking

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

However, the National Annual Population Survey shows progress has been made over the last eight years to reduce the prevalence of smoking in Sunderland:

- The proportion of adults that smoke in Sunderland fell between 2011 and 2019 from 24.3% to 16%. This remains higher than both the regional (15.3%) and national (13.9%) figures.
- Smoking prevalence remains high in routine and manual occupations (age 18-64) - 25.7% in Sunderland compared to 23.2% nationally.
- 11.6% of the population aged 15 currently smoke in Sunderland, compared to 8.2% nationally. Among 16 to 17year olds this rises to 18.7% in Sunderland and 14.7% across England.

Smoking during pregnancy remains high.

- In 2019/20, 18.3% of pregnant women were recorded as being smokers at the time of delivery (compared to the England average of 10.4%).
- However, progress is being made in this area data 2020/21 shows the percentage of women recorded as smoking at time of delivery in Sunderland has decreased to 15.5%.

In Sunderland there is a strong correlation between smoking prevalence and the level of deprivation. That is, the more deprived the area, the higher the smoking prevalence. Smoking prevalence is significantly higher than the Sunderland average in Hendon, Millfield, Pallion, Redhill, Southwick and St Anne's wards.

Locally a specialist stops smoking service, GP practices and pharmacies continue to support residents to stop smoking across the city. However, the impacts of COVID-19 on capacity within primary care and the potential to offer behavioural support on a face-to-face basis has presented challenges to offering services which are responsive to local need and demand.

How pharmacies support:

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

4.7.2 Alcohol

Levels of harmful and hazardous alcohol use remain high in Sunderland. As well as being a lifestyle factor which influences health outcomes, alcohol use has social and economic consequences which affect a wide cross section of the city as well as the people misusing alcohol.

Data from the Sunderland Adult Lifestyle Survey in 2017 found that:

- The proportion of Sunderland adults aged 18 years and over who drink alcohol is 66.4%.
- 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.
- 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).
- In Sunderland 21.6% of adults exceed the current recommended safe limits for alcohol consumption.
- 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.
- 26.3% of adults binge drink (i.e. drink more than 6 units of alcohol on their heaviest drinking day in a typical week) Men are more likely to binge drink than women. Men aged 35-64 and women aged 35-54 are most likely to binge drink and the highest rates of binge drinking are seen in Washington West, Ryhope, Washington East and Fulwell.
- Young people continue to drink to harmful levels but there been a slight decrease in hospital specific admissions for young people under 18 years overall. However, despite this decrease, during the three-year pooled period 2016/18 (from the 152 local authorities in England), Sunderland had the third highest rate per 100,000 in England, and the second highest rate in the North East.

COVID-19 has also impacted on levels of alcohol use. In March 2020, national sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic. Although those from affluent backgrounds were more likely to drink and drink at high levels, there was a greater impact from alcohol related diseases on those from lower income backgrounds.

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

4.7.3 Substance misuse

Substance misuse can lead to significant crime, health and social costs. Evidence-based drug treatment can help 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 2016/17 suggest that Sunderland has a rate of:

- 9.2 per 1,000 population aged 15-64 opiate and/or crack cocaine users (around 1652 people) compared to an England rate of 8.85 per 1,000;
- 8.32 per 1,000 population aged 15-64 opiate users (around 1493 people) compared to an England rate of 7.37 per 1,000;
- 3.97 per 1,000 population aged 15-64 crack users (around 712 people) compared to an England rate of 5.10 per 1,000.

All the above rates have increased when compared with previous prevalence estimates produced in 2014/15.

Nationally, findings from the Crime Survey for England & Wales 2018-2019 show that almost 1 in 10 (9.4%) adults (aged 16- 59) had taken an illicit drug in the previous year. Young adults (aged 16-24) were more likely to have used drugs.

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.

- According to the National Drug Treatment Monitoring System (NDTMS), in 2018-2019, there were 1,865 adults receiving drug and alcohol treatment.
- Latest figures show a decline in 2018 rates of opiate drug users successfully leaving drug treatment and not representing to treatment within 6 months at 3.3% in 2018 as compared to 4.8% in 2017.
- 33% of Sunderland clients in drug treatment cited prescription-only (POM) or OTC use as part of their latest treatment journey.
- 14.3 % of new presentations to Sunderland treatment services were people living with children (own or other). A further 33.9% were parents not living with children.
- 41% of new presentations to Sunderland treatment services in 2018- 2019 were identified as having a mental health need. Of these the majority of these were attending for non-opiate and alcohol addiction.

Like other services, drug treatment services were affected by the need to protect their staff and service users in the pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. For example, usual levels of supervised consumption for patients using opioid substitution prescriptions were reduced in many cases from March 2020. Fewer service users were able to access inpatient detoxification for drugs.

How pharmacies support:

- Needle and syringe exchange
- Supervised administration of opiate substitutes
- Testing for blood borne diseases (e.g. Hep C)
- Brief interventions
- Signposting to support services

4.7.4 Healthy Weight

Excess weight is one of the most significant and complex public health challenges. It can undermine individual and family health and wellbeing, impact on business and education, and contribute to significant costs across health, social care and a wide range of services. In 2016, it was estimated that there were 176 deaths in persons of all ages in Sunderland that were attributable to obesity.

Overweight and obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

- Type 2 diabetes;
- Hypertension (high blood pressure);
- Some cancers;
- Heart disease;
- Stroke;
- Liver disease.

In Sunderland, 73.5% of adults are classed as overweight (41%) or obese (29%) (2019/20 data).

Men are more likely than women to be overweight and obese. Persons from routine and manual groups were most likely to be overweight, whilst persons in intermediate occupations were most likely to be obese. At ward level, the highest prevalence of obesity is seen in Hetton, Castle, Redhill, Washington North and Ryhope.

The latest data from the National Childhood Measurement Programme for the 2019-20 school year shows that in Sunderland:

- 22.1% of Reception class children were recorded with excess weight, compared to 23.0% for England;
- 36.9% of Year 6 children were recorded with excess weight, compared to 35.2% for England;
- 10.1% of Reception class children were recorded as obese compared to 9.9% for England;
- 23.6% of Year 6 children were recorded as obese, compared to 21.0% for England;
- 3.0% of Reception class children were recorded as severely obese, compared to 2.5% for England;

- 6.1% of Year 6 children were recorded as severely obese, compared to 4.7% for England;
- 0.5% of Reception class children were recorded as underweight, compared to 0.9% for England;
- 1.5% of Year 6 children were recorded as underweight, compared to 1.4% for England.

Based on Reception data for 2017/18 to 2019/20:

- The Hendon ward figure (16.7%) for obesity prevalence was significantly higher than the Sunderland average (11.0%).
- The wards with the 5 highest rates were: Hendon (16.7%), St Chad's (14.3%), Redhill (13.6%) St Anne's (13.2%) Southwick (12.5%).

Based on Year 6 data for 2017/18 to 2019/20:

- The Sandhill ward figure (31.2%) for obesity prevalence was significantly higher than the Sunderland average (24.5%).
- The wards with the 5 highest rates were: Sandhill (31.2%), Pallion (29.5%), Hendon (29.3%), Washington North (29.1%), Southwick (28.6%).
- In 2019/20, 2,789 prescription items for the treatment of obesity were prescribed in primary care and dispensed within Sunderland.

The Change 4 Life Sunderland programme provides healthy lifestyle sessions aimed at encouraging and supporting families to eat well, move more and live longer. The programme has a particular focus on young people and their families. In addition, the Sunderland Weight Management Programme is a 12-week weight management programme which is free and available to anyone who is a Sunderland resident.

How pharmacies support:

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

4.7.5 Sexual Health and Teenage Pregnancy

4.7.5.1 Sexual Health

Good sexual health is also an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional and health costs as well as stark health inequalities. A number of key population groups can be identified for whom there are greater risks of experiencing sexual ill health

including 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 chlamydia, the rate of diagnosis in Sunderland of most common sexually transmitted infections is similar to or below regional and national averages:

Figure 5: Sexual health indicators for Sunderland

Indicator	Period	Sunderland			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2020	→	13	4.7	8.5	12.2	147.9		0.0
Gonorrhoea diagnostic rate / 100,000	2020	↓	178	64	59	101	1,024		5
Chlamydia detection rate / 100,000 aged 15 to 24	2020	→	559	1,812	1515	1408	414		3,408
Chlamydia proportion aged 15 to 24 screened	2020	↓	3,934	12.7%	13.5%	14.3%	4.1%		36.5%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	↓	934	529	449	619	3,547		158
HIV testing coverage, total (%)	2020	↓	1,756	48.8%	39.4%	46.0%	12.0%		85.9%
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	-	13	56.5%	39.8%	42.4%	100%		0.0%
New HIV diagnosis rate per 100,000 aged 15 years and over	2020	→	9	3.9	3.0	5.7	27.5		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2020	→	155	0.98	1.10	2.31	13.09		0.22
Total prescribed LARC excluding injections rate / 1,000	2020	→	1,940	38.2	28.9	34.6	4.7		74.9
Under 18s conception rate / 1,000	2019	→	100	24.3	21.8	15.7	37.1		3.9
Under 18s conceptions leading to abortion (%)	2019	→	50	50.0%	47.2%	54.7%	21.1%		93.8%
Violent crime - sexual offences per 1,000 population	2020/21	→	784	2.8	2.7*	2.3*	1.0		4.4

Data source (29)

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. 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, between 2017-2019, 60.9% of all HIV diagnoses made for people from Sunderland were made late, when their immune system had already been damaged (compared with 42.5% for the North East and 43.1% for England). This is worse than the previous figure for Sunderland for 2016-18, when the percentage with late diagnosis of HIV was 55.2%.

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.

4.7.5.2 Teenage pregnancy

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore

disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

- The proportion of teenage mothers (aged 12-17) in Sunderland in 2019/20 was 1.4%, which was significantly higher than the England figure of 0.7% and higher than the regional average of 1.2%.

Data for 2016-2018 shows that in Sunderland, Hetton was the only ward where the teenage conception rate remains significantly above the Sunderland average. Sunderland has seen a 61% decrease in under 18 conception rates since 1998, however rates in Sunderland remain above the North-East and England average.

The North East has also seen a 61% decrease in its teenage under 18 conception rates between 1998 and 2019 (from 56.5 to 21.8. per 1,000), although it consistently has had the highest rate of all the regions in England.

Annual conception data for 2019 was published by the ONS on 5 August 2021. Under 18 conception rates, per 1000 women aged 15-17 years are as follows:

- Sunderland 24.3
- North East 21.8
- England 15.7

The under-16 conception rate was 6.0 per 1,000 females aged 13-15 in Sunderland in 2019, compared to 3.9 per 1,000 in the North East and 2.5 per 1,000 in England. This represents 26 conceptions in 2019, compared to 20 conceptions in 2018 and 19 conceptions in 2017.

The rate of abortions per 1,000 females under the age of 18 in Sunderland in 2020 was 7.5, which was similar to the regional figure of 7.6 and higher than the national figure of 6.8.

Young people's services and healthy settings work with schools continue to support the sexual health and wellbeing of young people, including access to relationship and sexual health advice and access to emergency contraception and long-acting reversible contraception. However, the impacts of COVID-19 on services and young people are presenting a challenge to continuing this pace of change, with some local services experiencing an increase in demand

How pharmacies support:

- Provision of free condoms (C-card scheme)
- Emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

4.8 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.

The rate of premature mortality from cancer considered preventable in Sunderland was 76.5 per 100,000 persons aged under 75 in 2017-2019. This compares to a rate of 68.5 per 100,000 population aged under 75 in the North East 54.1 per 100,000 across England as a whole.

Collectively, cancers account for 29.1% of the gap between Sunderland and England for male life expectancy and 20.5% of the gap between Sunderland and England for female life expectancy.

How pharmacies support:

- Advice and support
- Signposting
- Medicines optimisation
- New medicine service
- Discharge medicine service

4.9 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 *NHS Long Term Plan* ⁽⁹⁾ has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer, healthier lives, and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. 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 long term conditions; better management can help to reduce health inequalities.

People with long-term conditions are likely to be more intensive users of health and social care services, including community services, urgent and emergency care and acute services. They account for:

- 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 discussed below, the identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health.

4.9.1 Cardiovascular disease

Cardiovascular disease (CVD) includes 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 most common cause of premature death in Sunderland (after cancer) with a death rate of 89.0 per 100,000 persons aged under 75 in 2017-2019. The rate of premature mortality from cardiovascular disease considered preventable is 37.9 per 100,000 persons aged under 75 for the same period (2019 definition). Both rates are significantly higher than the England average, but not significantly different from the regional average. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is higher for Sunderland than the England average as follows:

- For coronary heart disease, recorded prevalence in Sunderland is 4.6% in 2019/20 (around 13,119 persons) compared to a prevalence of 3.1% in England;
- For stroke, recorded prevalence in Sunderland is 2.3% (around 6,500 persons) compared to a prevalence of 1.8% in England for 2019/20.

How pharmacies support:

- Education and support
- New medicine service
- Discharge medicine service
- Hypertension case finding service

4.9.2 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 for Sunderland is 17.4% (around 49,498 persons) compared to a prevalence of 14.1% in England in 2019/20.

In terms of both diagnosed and undiagnosed disease it is more likely that around 27.8% of the population (63,550 persons) in Sunderland have hypertension. This means that there could be around 14,052 persons in the population whose condition is undiagnosed.

How pharmacies support:

- Hypertension case finding
- Medicines Optimisation
- New medicine service
- Discharge medicine service
- Hypertension case finding service

4.9.3 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 with age 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 in Sunderland is 2.4% (around 6,945 persons) compared to a prevalence of 2.1% in England in 2019/20. In terms of both diagnosed and undiagnosed disease it is more likely that 2.7% of the population or around 7,690 persons in Sunderland have atrial fibrillation. This means that there could be around 745 persons in the population whose condition is undiagnosed.

How pharmacies support:

- New medicine service
- Discharge medicine service
- Hypertension case finding service

4.9.4 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, diet and physical activity.

The recorded (diagnosed) prevalence for diabetes in Sunderland is 7.8% (around 18,134 persons aged 17 and over) compared to a prevalence of 7.1% in England in 2019/20. The prevalence estimate based on both diagnosed and undiagnosed disease indicates that around 9.0% of the population or 20,798 persons aged 17 and over may have diabetes. This means that there could be around 2,664 persons in the population whose condition is undiagnosed.

The NHS Diabetes Prevention Programme (NDPP) has collated data on people who are registered in GP practices who have non-diabetic hyperglycaemia. Non-diabetic hyperglycaemia involves blood glucose levels that are above normal levels, but not in the diabetic range. For Sunderland, 3.9% of GP practice list size (aged 17 and over) or 9,080 persons over 17 were registered as having non-diabetic hyperglycaemia. Of these, 3,380 (1.5% of the total) were recently diagnosed (diagnosed between 1/1/2019 to 31/3/2020). The comparative figure for England is 4.4%, with 1.2% being recently diagnosed.

How pharmacies support:

- Lifestyle advice and support including low carbohydrate diet and exercise
- Healthy living advice

4.9.5 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 communities. 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 in Sunderland is 4.8% (around 11,086 persons aged 18 and over) compared to a prevalence of 4.0% in England in 2019/20.

How pharmacies support:

- Hypertension case finding
- New medicine service
- Over the counter medicines advice

4.9.6 Respiratory

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. ⁽³⁰⁾ They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and flu, and less common diseases such as interstitial lung disease and mesothelioma.

Within Sunderland, respiratory diseases are a significant cause of premature death and health inequalities with a death rate of 45.3 per 100,000 persons aged under 75 in 2017-19. The rate of premature mortality from respiratory disease considered preventable is 30.9 per 100,000 population aged under 75 for 2017-2019 (2019 definition). Both rates are significantly higher than the England average but not significantly different from the North East average. Collectively, respiratory diseases account for 12.9% of the gap between Sunderland and England for male life expectancy and 24.4% of the gap between Sunderland and England for female life expectancy.

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.

The recorded (diagnosed) prevalence for COPD is higher for Sunderland than the England average (3.5% (around 9,720 persons) for Sunderland compared to a prevalence of 1.9% in England in 2019/20.)

Asthma is a long-term condition which affects the airways. In England, 1 in 11 people are currently receiving treatment for asthma ⁽³¹⁾. In Sunderland, acute exacerbations of asthma have seen a stepped increase in rate of incidence over the last seven years. In March 2020 the rate was 4,954 per 100,000 people, 17.5% higher than March 2019 position. Recent data has shown some decline (from a peak of 5,101.8 per 100,000 in December 2019, reaching the lowest rate to date in March 2021 with 2,353 per 100,000, increasing to 2771.8 per 100,00 in August 21) ⁽³²⁾. There is some national

research which links this to the widespread adoption of public health measures, including social distancing and wearing of face coverings ⁽³³⁾. The start of the increase after March-21 could be attributable with the easing of social distancing easing of requirement to wear face masks.

How pharmacies support:

- Advice and support
- Correct inhaler technique
- New medicine service
- Discharge medicine service

4.9.7 Older People

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the least deprived and the most deprived communities remain. Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long term conditions. These include conditions such as diabetes, heart disease, respiratory disease, cancer and dementia.

The UK population is projected to continue growing and will reach over 74 million by 2039. The population in the UK is ageing with 18% aged 65 and over and 2.4% aged 85 and over. People in Sunderland live shorter lives with more years in poor health. Healthy life expectancy is a measure of how many years of life a person can expect to be in good health for. Healthy life expectancy in Sunderland for men in 2015-17 was 57.7 years and for women it was 59.3 years, significantly less than England's averages of 63.4 years and 63.8 years respectively. As such, this poses significant challenges not only to the health and social care sector but also economic challenges in terms of for employability and business growth. Prevention and early intervention offer opportunities to reduce long term conditions and increase healthy life expectancy.

Some of the key challenges for Ageing well:

The *All Together Better Falls Strategy 2017* ⁽³⁴⁾ suggested Sunderland has approximately 15,700 people who are at risk of falling.

Routine and manual occupations – the proportion of people aged 60-69 who said that they did not enjoy life much of the time during the previous week was twice as high (11%) for those who had manual jobs as those in professional roles (5%). People

in lower-paid jobs and those who are unemployed are more likely to feel negative about ageing than their higher-paid peers ⁽³⁵⁾.

Unemployed people – The Centre for Ageing Better estimated in 2018 there were 1 million people aged between 50 and 64 are involuntarily out of work ⁽³⁵⁾.

Privately rented occupations - the number aged 65 and over living in privately rented housing increased from 254,000 to 414,000 between 2006 – 2007 and 2016-2017. By 2040 a third of people over 60 could be renting privately ⁽³⁵⁾.

Long term conditions – Already aged 50-54, 17% of men and 23% of women have a limiting long-term illness.

People living in fuel poverty – around 4 million UK households are in fuel poverty, unable to afford to heat their homes to the temperatures needed to stay warm and healthy. In 2016 (released 2018) fuel poverty had increased to 15.3% of households in Sunderland compared with 14% in the 2015 (2017 release). This increase throughout the has included more than half of the wards in the city.

Single occupants – across the city there are 38,096 total one-person households, within which 19,001 residents are aged 65 and over. Sunderland had a significantly higher proportion of pensioners living alone in comparison to England.

People with common mental health issues - One in six adults will have experienced a common mental health disorder in the past week according to survey data. This is likely to be an underestimate as figures only include those who are diagnosed and recorded on GP registers. Depression affects one in 5 older people living in the community and 2 in 5 living in care homes, but it is often overlooked when planning services.

People living with Dementia – Dementia has a huge economic impact on people living with the illness, their carers, and society. This study²⁰ estimates that, in England, in 2015, the total cost of providing for people with dementia was £24.2 billion of which £10.1 billion was in the form of unpaid care. The cost of social care (£10.2 billion) was three times that of health care (£3.8 billion). The cost per person depends on the severity of the dementia, with provision for a person with severe dementia costing around £46,000 per year. Alongside a focus on Dementia risk reduction, there is also a need to support people with Dementia to live well in order to reduce its impact on them, their families and carers.

Some of the key issues and gaps for creating an environment to facilitate and promote 'Ageing well' include:

- CVD prevention;
- Falls prevention;
- Digital approaches to behaviour change;
- Promotion of physical activity;
- Preventing and treating musculoskeletal conditions (MSK);
- Reducing the impact of hospital admissions;
- Reducing social isolation and loneliness;

- Home adaptations;
- Work and health;
- Dementia risk reduction.

How pharmacies support:

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

4.9.8 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 estimated dementia diagnosis rate (aged 65 and over) for Sunderland in 2021 is 61.5%, which is similar to the North East (66.2%) and national (61.6%) position.

The recorded (diagnosed) prevalence for dementia is lower for Sunderland than the England average as follows:

- For dementia, recorded prevalence (aged 65 years and over) in Sunderland is 3.75% compared to a prevalence of 3.97% in England for 2020.

Locally the number of cases of dementia is predicted to increase as the proportion of older people in the population grows. Even after diagnosis, people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support.

How pharmacies support:

- Dementia Friends Programme
- Provision of medicine in compliance aids (Not a commissioned service but may be “suitable adjustment” to meet person’s needs)
- Repeat prescription service
- Care home advice and support
- New medicine service
- Discharge medicine service

4.10 Mental Health and Mental Wellbeing

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. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. Data on mental health in children shows that:

- One in ten children aged 5-16 years nationally has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14.
- Self-harm is known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed.
- The percentage of school age children with social, emotional, and mental health needs in Sunderland in 2020 was 3.18%, which was higher than the north east figure of 3.03% and significantly higher than the national figure of 2.7%.
- The inpatient hospital admission rate for mental health disorders per 100,000 population aged 0-17 years in Sunderland in 2018/19 was 183.3, which was significantly higher than both the national (88.3) and regional (105.7) figures.

The 2021 Sunderland Health Related Behaviours Survey (HRBS), for secondary school pupils, found that:

- 54% of females and 28% of males worry *quite a lot, or a lot*, about their mental health and wellbeing. Compared to the previous 2019 survey, these figures represent 11% for females and 3% for males.

For females and males combined:

- 15% worry a *little* about everyday life aspects
- 26% worry *quite a lot*
- 55% worry a *lot*
- Only 4% worry *never or hardly never*.

When asked, 'If you wanted to share any of the problems relating to your mental health and wellbeing, to whom would you turn'?

- 38% stated family
- 13% friends
- 4% teacher/carer/ or other adult
- 2% school nurse
- 41% said they would keep it to themselves. This is an increase of 12 percentage points up since the 2019 survey.

Since having to stay at home due to COVID-19:

- 19% said they have felt happier than before
- 31% said they have felt generally sadder than before.

As part of Sunderland CCG's Community Mental Health Transformation an Adult Mental Health Strategy has recently been produced. The strategy highlights likely increase in demand for mental health services over the next 5 years following the impact of COVID-19. The Strategy aims to respond to the increase and focus on prevention. Key highlights from the Strategy include:

- The majority of the general public feel able to manage their mental wellbeing through engaging in certain activities and behaviours relating to their health;
- The COVID-19 pandemic has tested the resilience of individuals;
- Feelings of isolation, loneliness, anxiety, depression, fear and concern for others were common;
- Engagement with large employers showed COVID-19 has had an effect on the mental wellbeing of their workforce, not only affecting those who already struggle with their mental health, but those with no history, including new cohorts of younger individuals;
- There is an increase in residents seeking support for their mental health; and
- The term *Mental Health* can be perceived negatively in BAME communities and as a result can stop people getting help.

People from Sunderland report poorer outcomes for aspects of the self-reported wellbeing score than the England average, although these are not statistically significant:

- 23.04% report a high anxiety score, compared to 21.94% across England;
- 13.52% report a low happiness score, compared to 8.72% across England;
- 6.5% report a low satisfaction score compared to 4.68% across England;
- 6.01% report a low worthwhile score compared to 3.81% 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. Data from the 2017 Adult Lifestyle Survey for Sunderland found that:

- For Sunderland adults aged 18 years and over, the average WEMWBS score is 52.7 compared to 49.9 for England adults aged 16 years and over.
- Within Sunderland men have a higher average mental wellbeing score than women. 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. 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.
- 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

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Compliance aid assessment
- Repeat prescription service
- New medicine service
- Discharge medicine service

4.11 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 in Sunderland is 0.8% compared to a prevalence of 0.5% in England.

Based on local lifestyle data for Sunderland adults aged 18 years and over, 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 and full access to preventative services. In Sunderland in 2018/19, 42.5% of eligible adults with a learning disability had a GP health check, which is significantly lower than the national figure of 52.3% and the regional figure of 61.8%.

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Compliance aid assessment and other adjustments to support independence with medicines
- Repeat prescription service
- New medicine service
- Discharge medicine service

4.12 COVID-19 and Long COVID

The COVID-19 pandemic has been ongoing since January 2020 and has altered how people live, work and interact. It has also exposed them to risks of severe and enduring illness in some cases. *Build Back Fairer: The Covid-19 Marmot Review* ⁽³⁶⁾ describes

the impacts of COVID-19 on the social determinants of health in adults focusing on employment and good work, standards of living and income, places and communities, and public health. The *Covid-19 Health Inequalities Strategy* ⁽³⁷⁾ sets out more information on Sunderland's response to Covid-19 and the impact it has had on health inequalities locally.

COVID-19 has adversely impacted life expectancy. Mortality has been directly and indirectly affected with increases potentially driven by many factors including over-stretched health services, delays in hospital treatment, fear of accessing care, undiagnosed conditions such as cancer and the impacts of long COVID. COVID-19 is expected to have a significant effect on preventable mortality, though the scale of this is likely to become more evident over future years. During the pandemic, many health services restricted face-to-face contacts in order to protect staff and service users, and this impacted on the types of interventions available.

As of 6th December 2021, an estimated 1.3 million people living in private household in the UK (2.0% of the population) were experiencing self-reported "long covid" (symptoms persisting for more than four weeks after the first suspected COVID-19 infection that were not explained by something else). Symptoms such as fatigue, shortness of breath, loss of smell and difficulty concentrating can have a negative impact on day-to-day activities ⁽³⁸⁾. Up to 30th January 2022, there have been 83,374 diagnosed cases of Covid-19 in Sunderland which have resulted in 1,033 deaths. At that point, people may have had more than one test but were counted as a case once. Since 31st January 2022 episodes of Covid-19 have been counted individually, so a person that is re-infected may be counted on multiple occasions. A death from Covid-19 is defined as a death within 28 days of a positive Covid-19 test.

The long-term impact on the health and wellbeing of those affected, as well as on employment and other determinants of health remains to be fully understood. South Tyneside and Sunderland NHS Foundation Trust have established a Post-Covid Assessment and Management Service, which can assess and treat patients who are suffering from long term symptoms following a COVID-19 infection.

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Inhaler review and technique advice
- Repeat prescription service
- New medicine service
- Discharge medicine service
- Supply of lateral flow test kits
- Pandemic medicine delivery service (to 31/03/2022)
- Supporting the Covid vaccine programme

4.13 Health Protection issues

4.13.1 Seasonal influenza

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 influenza immunisation campaign and continued support for this remains critical in protecting the population. Most recent data relating to influenza vaccination in Sunderland indicates the following for the 2020-21 winter season ⁽³⁹⁾

- 82.8% of persons aged 65 years and over were immunised compared to 80.9% across England;
- 54.8% of individuals at risk were immunised compared to 53% across England
- 61.0% of 2-3 year olds were immunised compared to 56.7% across England

4.13.2 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.

Specific Therapeutic group Age-sex weightings Related Prescribing Unit (STAR-PU) is an indirectly standardised ratio that removes confounding effects of age and sex in the comparison of prescribing between different areas, as the demographic characteristics of the population may influence levels of prescribing. This method allows for more accurate comparison of prescribing. The twelve-month rolling total number of prescribed antibiotic items per STAR-PU (September 2021) for Sunderland CCG was 0.94, which was the same as the figure for Cumbria and the North East of 0.94 and higher than the figure for England of 0.71⁽⁴⁰⁾

Community pharmacies 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. Previous campaigns run by Public Health England have aimed to:

- 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.

Sunderland LPC and community pharmacies in Sunderland have worked in partnership with Sunderland CCG and with the Magpie Social Marketing group on a successful marketing campaign aimed at addressing antimicrobial resistance.

4.13.3 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 2020/2021 from the substance misuse treatment system shows that in Sunderland:

- Only 9% of eligible service users were amenable to having hepatitis B vaccination, compared to 29% across England;
- Of those amenable to hepatitis B vaccination, only 26% completed the course;
- In contrast, 20% of those eligible for a hepatitis C test received one, compared to 41% across England.

Like other services, testing and treatment for blood borne viruses were affected by the needs of services to protect service users and staff during pandemic.

4.14 Summary of health needs analysis

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

Sunderland experiences higher levels of deprivation than the national average. Social disadvantage is also associated with increased risk of a range of health conditions.

The increasingly ageing population will have an impact on demand for pharmaceutical services. Older patients often have more complex health needs and will require more support with their medicines and to access pharmaceutical services.

Unhealthy lifestyle choices remain a key cause for increased rates preventable conditions and premature death. Both local and national data indicate that many people in Sunderland continue to follow unhealthy lifestyle behaviours when compared to England.

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.

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

- Ensuring a system-wide understanding of the health and social determinant impacts of the COVID-19 pandemic on health outcomes and health inequalities.
- Inequalities, relating to both socio-economic position and protected characteristics, have a significant impact on the health of people in Sunderland and should be considered for all interventions and policies, recognising that socio-economic inequalities are a continuum across the population and that some people are impacted by multiple inequalities.
- Poverty levels within the city continue to have an impact and should be tackled by increasing levels of employment in good work through attracting more jobs into the city, increasing educational and skills attainment of Sunderland residents and ensuring as many people as possible are supported to stay in work, despite having a health condition.
- Responding to health protection (infectious diseases) threats requires preventative work, rapid identification and a swift response to complex cases in high risk places, locations and communities.
- Children and young people in Sunderland face some significant health challenges and inequalities across the social determinants of health. Lower household income, increased food poverty, higher deprivation, and lower levels of educational achievement contribute to poorer outcomes including higher levels of teenage conceptions, smoking during pregnancy, unhealthy weight, alcohol related hospital admissions, low levels of breastfeeding, poor oral health and poor mental health outcomes. Partners need to work together and with children, young people and families to address these issues and build resilience.
- The four main behavioural risk factors – smoking, diet, alcohol and physical activity – lead to poor health outcomes and increase health inequalities and so programmes need to continue to be developed, in partnership with local people, to make it easier to make the healthy choice.
- There are more people in Sunderland living with, and prematurely dying from, cancer, cardiovascular disease and respiratory disease than elsewhere in the country. Partners need to be clear that primary, secondary and tertiary prevention programmes are in place that ensure that no opportunities are missed to prevent these diseases and stop them progressing.
- The ageing population as well as the high numbers of people with long term, often multiple, conditions have a significant impact on local people and services. This needs to continue to be addressed through integrated care and supporting

people to self-care as well as a transparent, whole system approach to preventing service failure.

- People in Sunderland have poor mental wellbeing and suffer from a higher burden of mental ill health than the rest of England. This should be tackled through preventative programmes alongside recognition of the needs of people with poorer mental health and wellbeing and the impacts this has on their physical health.

5 Current Provision of Pharmaceutical Services

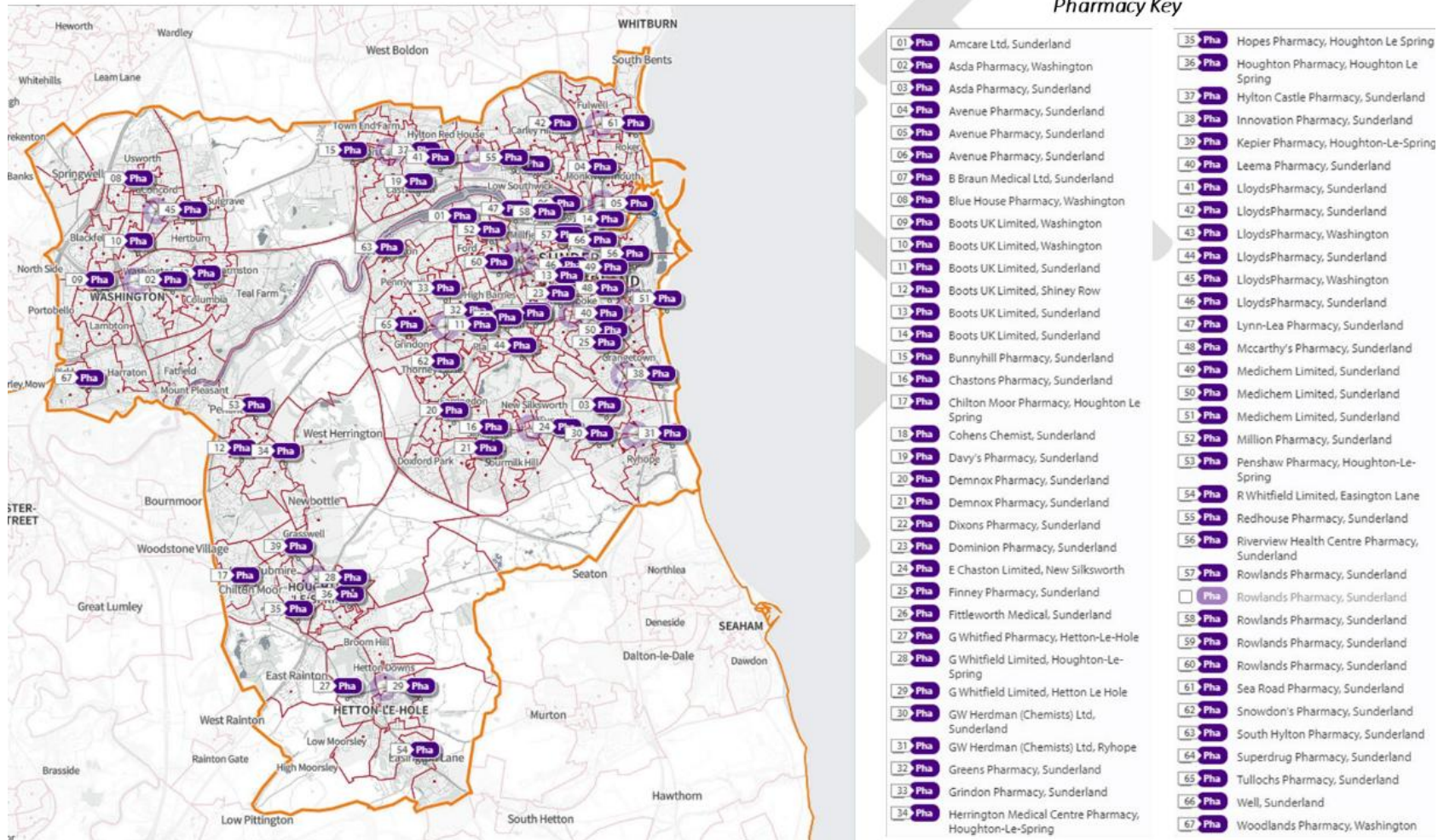
5.1 Overview

NHS England & NHS Improvement (NHSEI) is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies, which is handled locally by their North East and Yorkshire offices.

The number of pharmacies quoted within the following sections may vary due to the closure of one 40 hour pharmacy in February 2022. Therefore, the information reflects the number of pharmacies at the time the data was reported.

A table listing the current pharmacist services and key opening times is attached in appendix 6.

Figure 6: Location of essential pharmaceutical services within Sunderland



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In Sunderland, there are currently 66 community pharmacies services made up of:

- 56 standard contract (40 hour) pharmacies
- 4 100 hour pharmacy
- 3 distance selling pharmacies
- 3 appliance contractors
- No dispensing doctors' services

Based on ONS data population estimates (mid 2020), the national average number of pharmacies is 17.3 per 100,000 population in England, excluding dispensing practices; this equates to one pharmacy per 5,784 population.

With 66 community pharmacy services in Sunderland area and a population of 277,846 (based on ONS 2020 mid-year population estimates), the average number of community pharmacies is 23.8 per 100,000 people; this equates to one pharmacy per 4,210 population.

If only the 60 "high street" pharmacies are considered i.e., excluding distance selling and appliance contractors, the average number of pharmacies in Sunderland recalculates as 21.6 per 100,000 population or one pharmacy per 4,631 population.

Prescribing and data reports (ePACT2) published by NHS Business Services Authority in January 2022 indicated that a total of 8,903,747 items were prescribed by GPs in the Sunderland HWB area in 2020/21.

There has been a decrease of two 40 hour pharmacies and one 100 hour pharmacy in Sunderland since the last PNA was published. One distance selling pharmacy has closed and a further two new distance selling pharmacies have opened in the same period.

Table 2: Number of community pharmacies by type of pharmacy in Sunderland Sources: ⁽²⁸⁾ and ⁽³⁾

Type of Pharmacy	Number of community pharmacies		
	2014	2017	2021
Standard Pharmacy	58	58	56
Non-exempt Dispensing Appliance Contractors	3	3	3
100 hour	5	5	4
Distance selling	1	2	3
Dispensing Doctors	0	0	0
TOTAL	67	68	66

Any organisation can commission services from community pharmacies. NHS England commissions essential, advanced and enhanced pharmaceutical services (see section 7) whilst Local Authorities and CCGs commission 'locally commissioned services' (see section 8).

5.2 Standard contract (40 hours)

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

5.2.1 Core hours

Community pharmacy contractors provide Essential Services (see section 7 essential services) as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week although some pharmacies may be contracted to provide a 100 hour pharmacy service and some may offer less than 40 hours.

Core opening hours can only be changed by first applying to NHS England and NHS Improvement and as with all applications, these may be granted or refused.

5.2.2 Supplementary hours

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

5.3 100 hour pharmacies

Previous regulation ⁽⁶⁾ provided an exemption to the control of entry system for premises which are kept open for at least 100 hours per week for the provision of pharmaceutical services. Such 100 hour pharmacies provide extended and out of hours cover for pharmaceutical services across the borough. The new control of entry system came into force on 1st September 2012 whereby decisions on pharmacy contract applications became based on local PNAs. This removed the 100 hour exemption and exemptions allowing pharmacies to open automatically if they were situated in out-of-town shopping centres or one-stop primary care centres.

There are currently four 100 hour pharmacy within Sunderland, a reduction of one 100 hour service since the previous PNA was published.

In addition, a number of community pharmacies provide extended hours including five community pharmacies that provide services for between 60 - 85 hours per week (detailed in section 6).

5.4 Pharmacy Access Scheme

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

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

- Leema Pharmacy: 91 Tunstall Road, Sunderland, SR2 7RW
- R Whitfield: 93 High Street, Easington Lane, Houghton le Spring, DH5 0JR,
- Asda Pharmacy: Leechmere Road Industrial Estate, Grangetown, Sunderland, SR2 9TT

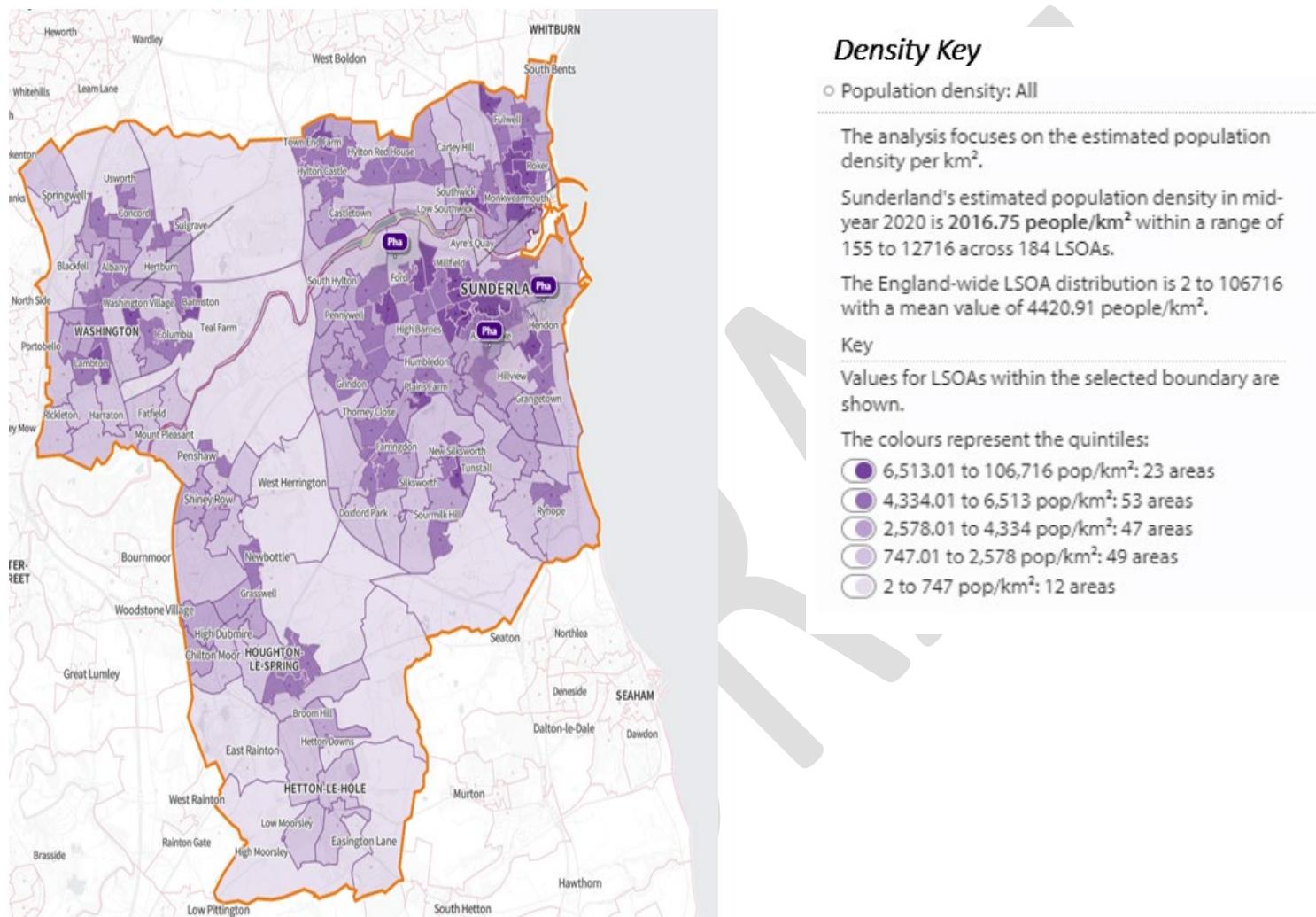
5.5 Dispensing appliance contractors

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

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

There have been 3 appliance contractors in Sunderland for a number of years. Locations are shown on map x below. However, 25 of the 32 (78%) the responses to the pharmacy questionnaire (appendix 3) indicated that they dispensed "all types of appliances" and a further 6 (19%) indicating that they would supply some appliances e.g. only stoma products or only dressings.

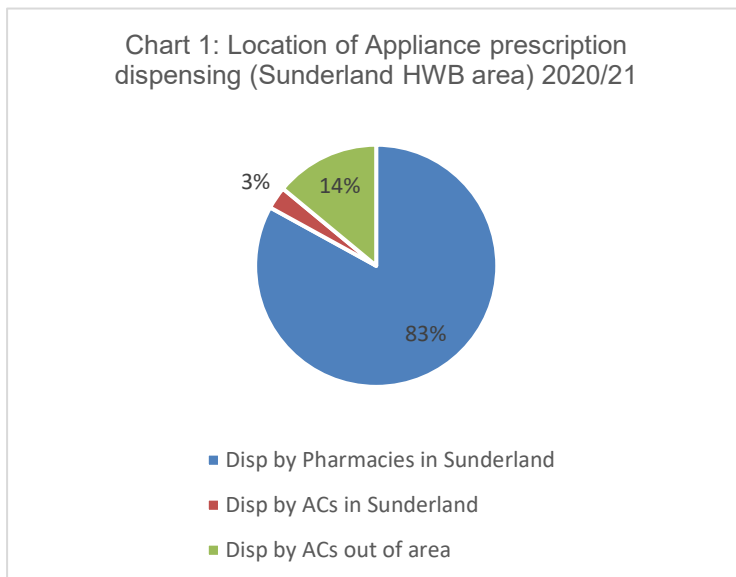
Figure 7: Location of Appliance Contractors in Sunderland



Very few of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service (4/32; 12.5%) and none provide appliance use review.

The majority (83%) of prescriptions for appliances generated in Sunderland primary care settings were found to be dispensed by pharmacies in the Sunderland area as seen in Chart 1. However, 14% of the appliances were found to be dispensed by appliance contractors outside the locality. It is likely that these products are more specialist and therefore may not be supplied by all providers.

This pattern of supply of appliance providers was found to be consistent for the last 3 years⁽⁴¹⁾.



5.6 Distance selling pharmacies

Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations⁽⁶⁾ do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered.

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

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

In the NHSEI North East and Yorkshire area, in January 2022, there were 19 distance selling pharmacies of which 3 are located in Sunderland. Previously, as identified in the PNA 2018, there were 2 distance selling pharmacies in Sunderland.

5.7 Dispensing Doctors

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is

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

There are no dispensing doctors in the Sunderland area.

5.8 Hospital Pharmacy Services

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

5.9 Out of area providers of pharmaceutical services

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

Prescribing and data reports (ePACT2) published by NHS Business Services Authority ⁽⁴¹⁾ in January 2022 indicated that in 2020/21, 95.2% of the items prescribed by GP practices in Sunderland were dispensed by pharmacies in the Sunderland area and 4.8% were dispensed "out of area".

The number of prescriptions dispensed out of area has remained fairly consistent in recent years with 4.9% being dispensed out of area in 2018/19 and 4.6% in 2019/20. It is possible that the reduction in out of area dispensing in 2019/20 was accounted for by people remaining closer to home during the early phases of the COVID-19 Pandemic response.

It is important to note that although out of area dispensing averages 4.7% over the last 3 years, this still accounts for over 400,000 dispensed items which were prescribed by GPs in Sunderland but supplied by pharmacies in other localities and whilst this number may be regarded as low; it is regarded as lost revenue and an ongoing potential threat to community pharmacies within Sunderland.

6 Access to Community Pharmacy services in Sunderland

Since the last PNA 2018 ⁽³⁾ the following significant changes to pharmacy provision in Sunderland include:

- Closure of Lloyds Pharmacy Ltd, 50 Borough Road, Hendon, Sunderland, SR1 1AE;100 hour provision in June 2018:
- Closure of Lloyds Pharmacy Ltd, Southwick Health Centre, The Green, Southwick, Sunderland, SR5 2LT;40 hour provision in January 2021
- Consolidation of Rowland & Co (Retail) Ltd trading as Rowlands Pharmacy services 19, St. Luke's Terrace, Sunderland, SR4 6NQ (the remaining site)

and The Old Forge, Pallion Park, Sunderland, SR4 6QE (the closing site) from 18th February 2022

Changes to Distance Selling Pharmacies have been:

- Closure of Boots UK Ltd Pharmacy 13 Westbourne Terrace, Shiney Row, Sunderland, DH4 4QT; Distance Selling pharmacy in August 2020
- Opening of new pharmacy contractor: Finney Pharmacy, 84 Ryhope Road, Sunderland, SR2 9 QE; Distance Selling pharmacy in August 2021
- Opening of new pharmacy contractor: Dominion Pharmacy 1-1a, Whitehall Terrace, Sunderland, SR4 7SN; Distance Selling pharmacy in November 2021

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

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

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

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

6.1 Number, type of pharmacies and geographical distribution

Table 3: Distribution of community pharmacies, by locality

Sunderland Locality	Number of community pharmacies				
	40 hour	Distance selling	Appliance contractors	100 hour	TOTAL
Coalfields	11	0	0	0	11
East	15	1	2	1	19
North	11	1	0	1	13
West	13	1	1	0	15
Washington	6	0	0	2	8
SUNDERLAND	55	3	3	4	66

Data source: ⁽⁴²⁾

Table 4: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality

Sunderland Locality	No of community pharmacies	Mid 2020 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Coalfields	11	48,594	22.6	4,418
East	19	57,917	32.8	3,048
North	13	54,400	23.9	4,185
West	15	62,552	24.0	4,170
Washington	8	54,383	14.7	6,798
SUNDERLAND	66	277,846	23.8	4,210
ENGLAND	11,600	67,100,000	17.3	5,780

Data source ⁽²²⁾

Consideration of the number of pharmacies compared to the resident population, based on ONS 2020 mid-year population estimates for wards aggregated up to Sunderland localities is shown in Table 4. This shows that Sunderland has comparatively high provision of community pharmacies, having a greater number of pharmacies per 100,000 population than the England average.

Sunderland East is particularly well served, allowing for more patient choice and easier access. Whilst Washington has a smaller number of pharmacies per 100,000 population than the England average, it benefits from two 100 hour pharmacies enabling access on more days and for longer hours.

6.2 Dispensing activity in Sunderland

To assess the average dispensing activity levels of Sunderland community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity ⁽⁴¹⁾ was mapped to Sunderland localities using pharmacy codes and addresses.

Table 5: Average number of items prescribed by Sunderland based prescribers and dispensed per pharmacy (including Appliance contractors and distance selling pharmacies), by Sunderland locality, 2020/21

Sunderland Locality	No of community pharmacies	Number of prescription items dispensed by pharmacies	Average no. of prescription items dispensed per pharmacy
Coalfields	11	1,517,986	137,999
East	19	1,700,022	89,475
North	13	1,455,458	111,958
West	16*	1,553,408	97,088
Washington	8	1,334,338	166,792
Sunderland	67	7,561,212	112,854
England	11,600	1,030,000,000	88,793

NOTE these items are prescribed in Sunderland and dispensed in Sunderland and do not represent the total number of dispensed items by pharmacies (who may process prescriptions from other areas).

*2020/21 data with 16 pharmacies in the West Sunderland locality and therefore a total of 67 pharmacies in Sunderland

This shows that, on average, community pharmacies in Sunderland dispensed around 112,854 prescription items during 2020/21 ⁽⁴¹⁾ compared to an average of 86,711 for England ⁽⁴¹⁾. In Sunderland East where the number of pharmacies per 100,000 population is greatest, each community pharmacy dispenses on average 89,475 prescription items per year, whereas in Washington where the number of pharmacies per 100,000 population is lowest, each community pharmacy dispenses on average 166,792 prescription items per year.

Table 6: Number of prescriptions dispensed by pharmacies described as "multiples" or chains within Sunderland HWB area

	Total number of items dispensed by multiples or chains (>5 stores)	Number of prescribed in Sunderland, dispensed "in area"	% of items dispensed by multiples or chains
2018/2019	3,709,354	8,321,345	45%
2019/2020	3,825,806	8,551,857	45%
2020/2021	3,633,860	8,475,040	43%

The table above shows over the past three years, the number of pharmacies that are part of a multiple or chain of pharmacy stores [defined as having 5 or more premises]. Just over half of the pharmacy premises in Sunderland are smaller "independent" pharmacy stores.

Table 6 demonstrates that although there are a number of pharmacy providers in the Sunderland area which are part of multiples or chains, these stores account for around 45% of the dispensed items in Sunderland. This indicates that the population of Sunderland make similar use of independent pharmacies as the larger businesses.

In the Sunderland area, the majority (over 95%) of the prescriptions issued by prescribers are dispensed "in area" as demonstrated in table 5 below. In addition to this, it is important to note that 2-3% of the prescriptions dispensed by community pharmacies in the Sunderland area are prescribed by GP practices out of the Sunderland area, again demonstrating the cross-boundary activity.

Table 7: The total number of prescriptions dispensed in the Sunderland area

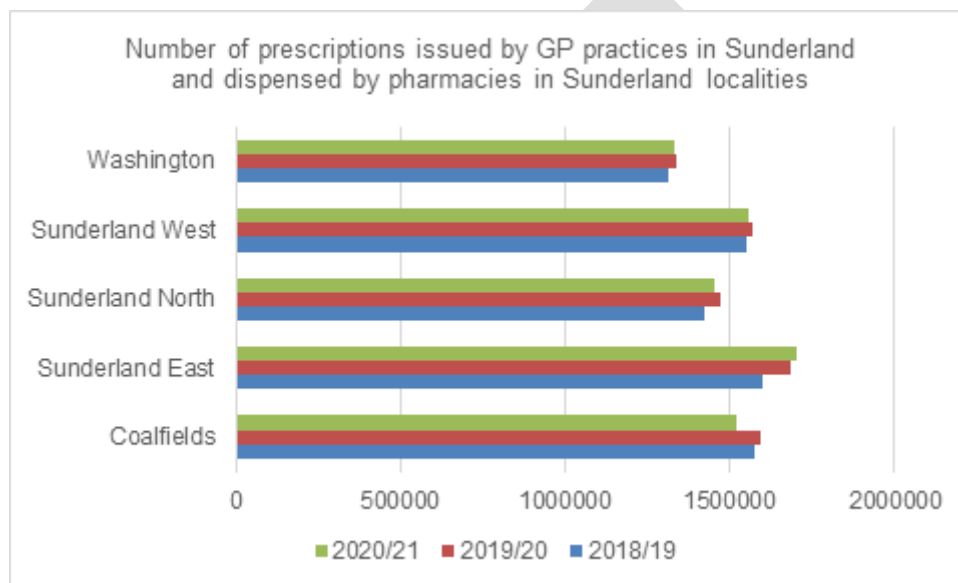
	Number prescribed in Sunderland, dispensed "in area"	In area %	Total Items "IN AREA & OUT of AREA"
2018/2019	8,321,345	95.1%	8,748,052
2019/2020	8,551,857	95.4%	8,960,010
2020/2021	8,475,040	95.2%	8,903,747

6.3 Access to pharmacies during pandemic

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

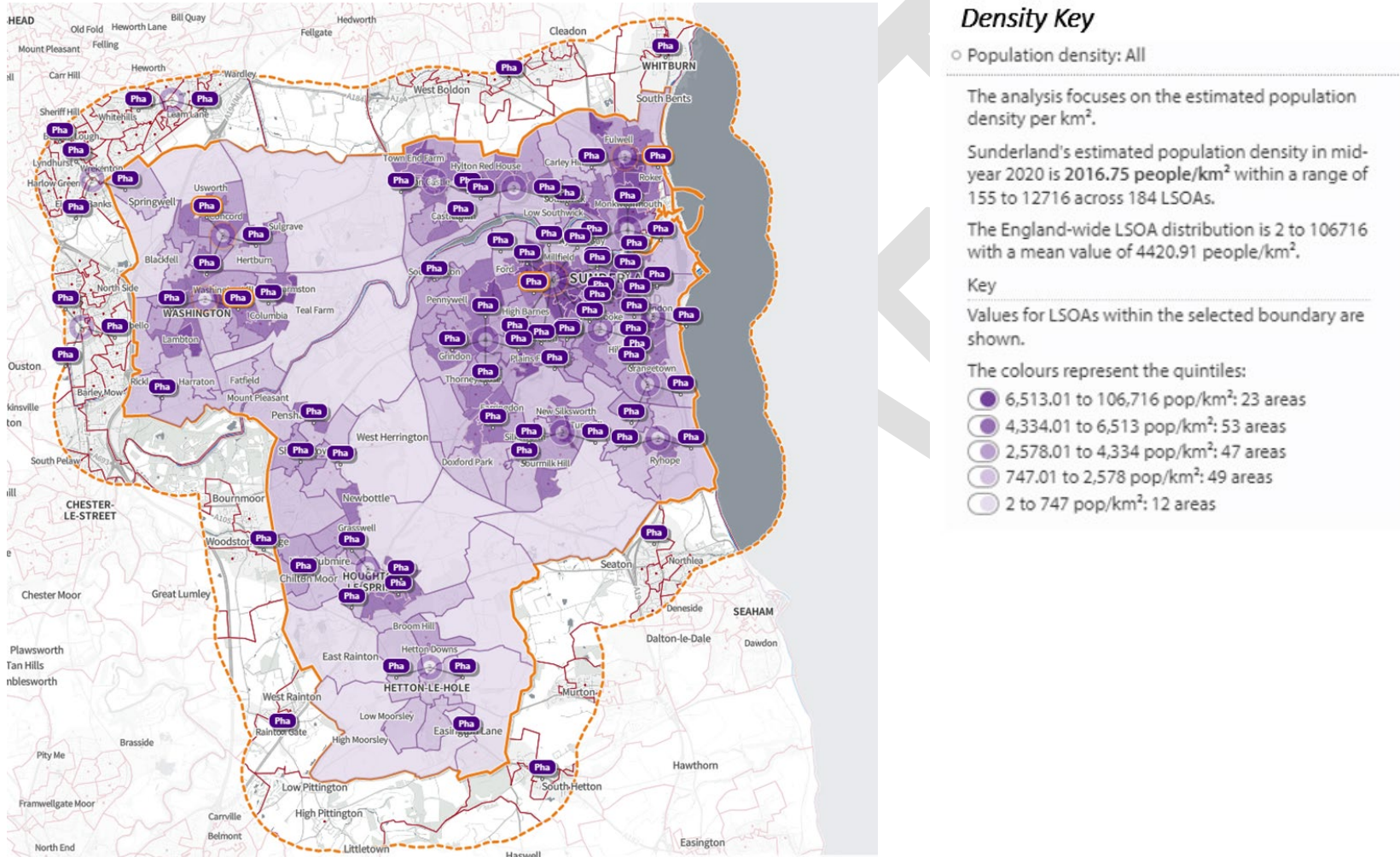
Figure 12 below indicates a similar annual trend regarding the number of items being dispensed by pharmacies in each locality over the last 3 years during suggesting that generally, people have not significantly changed their pharmacy dispensing choices during this period.

Chart 2: Number of prescriptions issued by GP practices and dispensed by pharmacies 2018/19 – 2020/21



6.4 Access to pharmacies in areas of high population density

Figure 8: Access to pharmacies in areas of high population density in Sunderland



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Figure 8 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas of high population density.

In addition, the figure demonstrates that people living on the edges of the Sunderland area are in proximity to pharmacy services in the neighbouring areas of Gateshead, South Tyneside and County Durham. On occasions, pharmacies in these areas are closer than those located within the boundaries of Sunderland.

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6.5 Access to pharmacies for older people

Figure 9: Access to pharmacies in areas with a high proportion of the population aged 65 years and over, in Sunderland

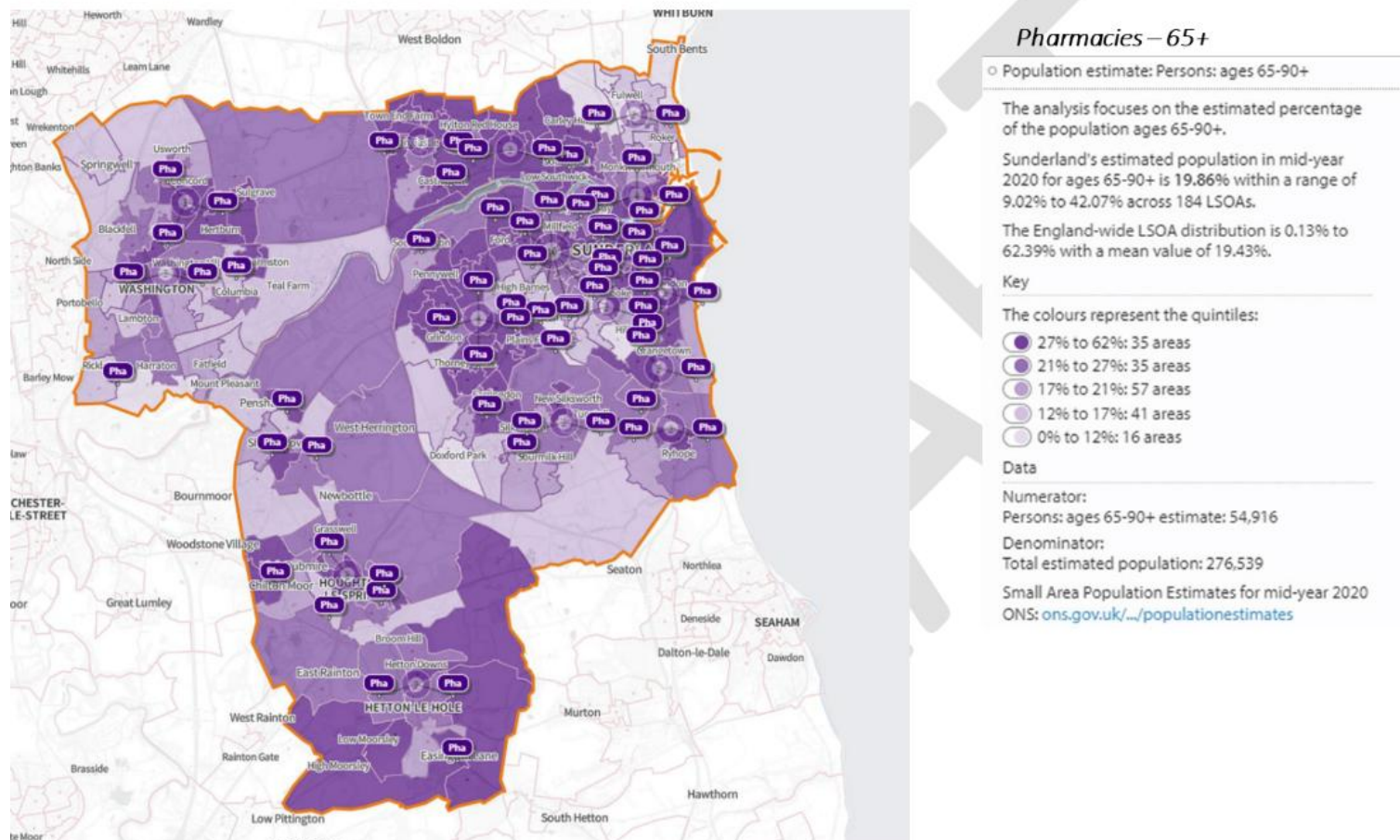
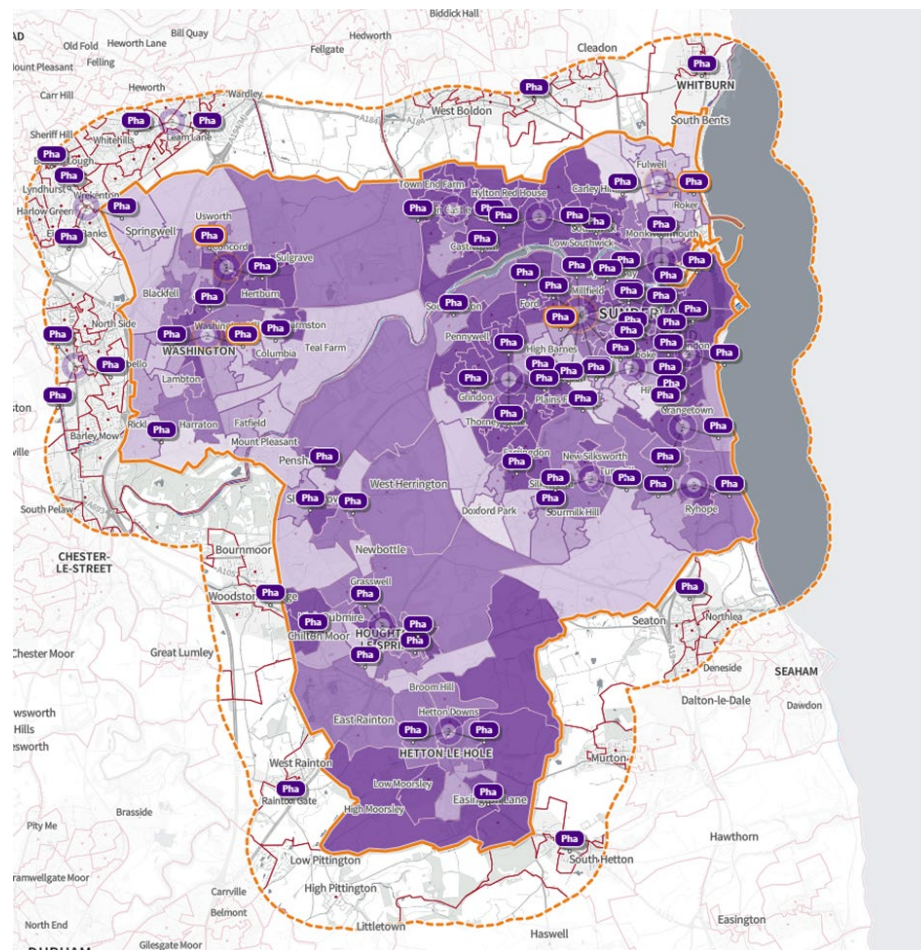


Figure 9 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas with a high proportion of the population aged 65 and over.

6.6 Access to pharmacies in areas of high deprivation

Figure 10: Access to pharmacies in areas with high levels of deprivation (based on the Index of Multiple Deprivation 2019), in Sunderland



Deprivation key

○ Index of Multiple Deprivation

The indicator focuses on the Index of Multiple Deprivation (IMD) from the Indices of Deprivation 2019.

The seven domains were combined using the following weights to produce the overall Index of Multiple Deprivation (IMD):

- Health Deprivation (13.5%)
- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education Deprivation (13.5%)
- Crime Deprivation (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Sunderland's Index of Multiple Deprivation average score is 30.67.

The England-wide Index of Multiple Deprivation distribution is 0.54 to 92.73 with a mean value of 21.67.

Key

Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation.

The colours represent the quintiles:

- 33.26 to 92.73: 75 areas
- 21.56 to 33.25: 46 areas
- 14.25 to 21.55: 25 areas
- 8.63 to 14.24: 30 areas
- 0.54 to 8.62: 8 areas

Figure 10 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 ⁽⁴³⁾ 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.

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6.7 Access to pharmacies by opening hours

As described in section 5.2, 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 part of essential pharmacy services. There are four 100 hour pharmacies in Sunderland, opened under the previous exemption which enabled longer opening hours, 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.

In Sunderland, all appliance contractors and 85% of pharmacies are open for more than the core contract hours.

In January 2022 community pharmacies in Sunderland (excluding 100 hour pharmacies and accounting for the consolidated pharmacy later in February 2022) provided an additional 528 supplementary hours of access to service.

Table 8 below and the charts that follow illustrate how important supplementary hours are to the provision of good access to pharmaceutical services.

There are currently:

- 34 pharmacies in Sunderland that are not 100 hour pharmacies and open on Saturday mornings;
- 11 pharmacies in Sunderland that are not 100 hour pharmacies and remain open on Saturday afternoons;
- 5 pharmacies that are not 100 hour pharmacies that are open on Sundays.

These operating hours allow pharmacies greater scope to respond to local population needs and preferences.

None of the dispensing appliance contractors and neither of the distance selling pharmacies open on Saturdays or Sundays.

There are four 100 hour pharmacies out of a total of 66 pharmacies in Sunderland. In addition, there are 5 pharmacies that provide significantly extended supplementary hours beyond their 40 hour core contracts. These pharmacies provide access to services on weekday evenings and both Saturdays and Sundays, one in Sunderland West, North and Washington Localities and two in Sunderland East.

The HWB board recognises that these pharmacies, often located in Shopping Centres and supermarkets, provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Sunderland. However, should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of the LPC and local community pharmacies in this process would allow for local solutions to be explored.

Table 8: Distribution of the number of hours that pharmaceutical services (including Appliance Contractors) are available each week in Sunderland, 2021 compared to 2014 and 2017)

Number of hours	2014		2017		2021	
	Number	%	Number	%	Number	%
Exactly 40 hours	13	19.4	9	13.2	10	15
More than 40 and up to 45 hours	17	25.4	17	25.0	16	23
More than 45 and up to 50 hours	16	23.9	22	32.4	23	35
More than 50 and up to 55 hours	9	13.4	6	8.8	7	11
More than 55 and up to 60 hours	4	6.0	4	5.9	3	5
More than 60 and up to 80 hours	1	1.5	2	2.9	3	5
More than 80 and less than 100 hours	2	3.0	3	4.4	2	3
Exactly 100 hours	5	7.5	5	7.4	4	6

Information taken from previous PNA2018 and also: Information on commissioned community pharmacy services for Sunderland. NHS England and NHS Improvements November 2021 updated to reflect Rowlands consolidation Feb 2022.

6.8 Ease of access to pharmacies

The following sections provide a summary of the opening hours of community pharmacies in Sunderland, split between weekdays and weekend provision. For the weekdays a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Full information regarding opening hours is described in appendix 6 including any variations to this general overview.

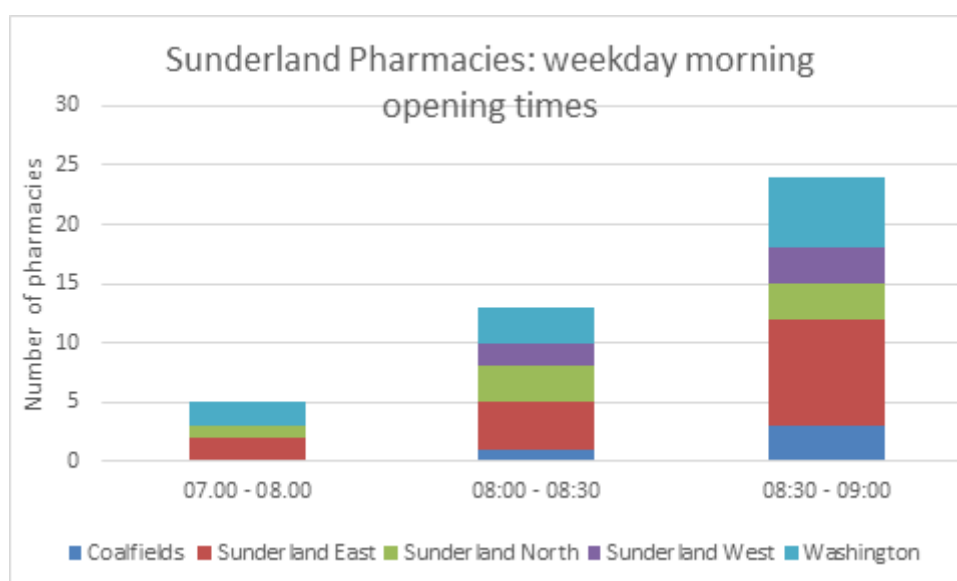
6.8.1 Weekday opening

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. 40 pharmacies in Sunderland that are not 100 hour pharmacies remain open without closing for lunch time. Others vary from having a 20 minute break to closing for to 1.5 hours over lunchtime. More usually, this is a 1 hour break.

6.8.1.1 Weekday mornings

All community pharmacies in Sunderland are open from 9am on Weekday mornings. Some pharmacies offer earlier opening times, as seen in figure 15, which are generally provided as supplementary hours. Sunderland East, North and Washington have at least one pharmacy open from 7.00am and all localities have some provision from 8.00am.

Chart 3: Weekday morning opening times

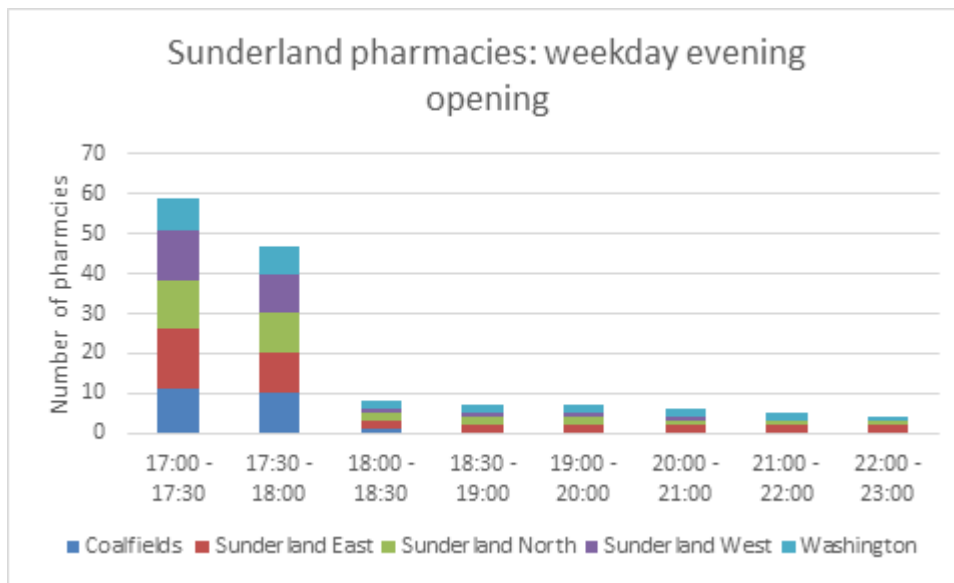


6.8.1.2 Weekday evenings

Most pharmacies remain open until between 5.30pm and 6.00pm after which there is a noticeable reduction in provision. There is some provision on weekday evenings in 4 localities. Opening until 9pm is provided as follows:

- Washington: 2 x 100 hour pharmacies and 1 pharmacy with long supplementary hours
- Sunderland East: 1 x 100 hour pharmacy and 2 pharmacies with long supplementary hours
- Sunderland North: 1 x 100 hour pharmacy and 1 with long supplementary hours
- Sunderland West: 1 x pharmacy providing supplementary hours
- Coalfields: has no provision after 6.30pm

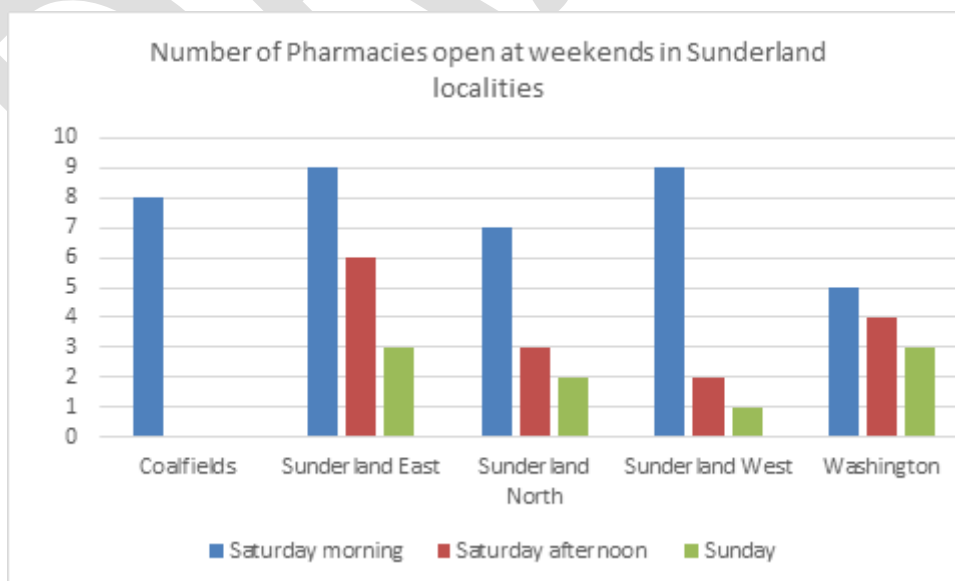
Chart 4: Weekday evening opening hours



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 community pharmacies across the city that open during weekday evening extended GP hours may also be accessed by people living in the Coalfields locality.

6.8.2 Weekend opening

Chart 5: Number of pharmacies open at weekends by locality



6.8.2.1 Saturday opening

In total, 38 pharmacies across the city open on Saturdays. All these pharmacies open on Saturday mornings, and there is access in all localities. This reduces to 15 pharmacies that remain open on Saturday afternoons, none of which are in the Coalfields area.

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.

6.8.2.2 Sunday opening

In total, 9 pharmacies across the city open on Sundays.

- Sunderland East: provision from 8.00am until 6.00pm by 1 x 100 hour pharmacy and 2 pharmacies with long supplementary hours
- Washington: provision from 8.00am until 8.00pm by 2 x 100 hour pharmacies and 1 pharmacy with long supplementary hours
- Sunderland North: provision from 8am to 6pm by 1 x 100 hour pharmacy and 1 pharmacy with long supplementary hours
- Sunderland West; provision from 10.00am until 4.00pm by 1 pharmacy with long supplementary hours

There is no provision within the Coalfields area on Sundays.

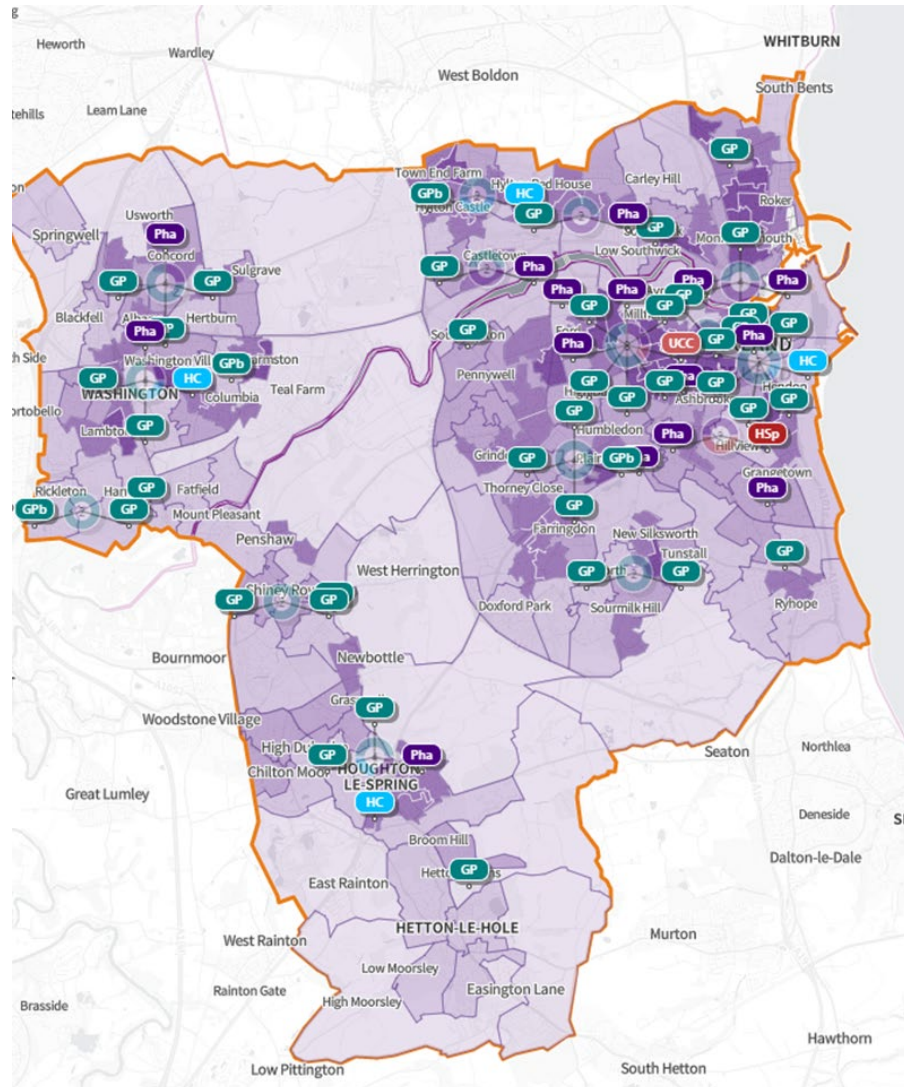
In line with the findings of the stakeholder engagement noted above, although those working Monday to Friday indicate they value weekend opening, and whilst Sunday opening within the Coalfields area would improve access and choice, no specific need for additional pharmacies to open on Sundays was highlighted.

It is important to note that the access to pharmacy services in the weekday evenings and the weekends, specifically Saturday afternoon and Sundays, is largely made via the 100 hour pharmacies and the pharmacies providing significant extended supplementary hours.

6.8.3 Opening during extended GP access and UCC opening hours

Figures 11 and 12 indicate the location of the pharmacies that provided longer hours of service provision in relation to the extended GP and urgent care centre.

Figure 11: Pharmacies Opening on Saturdays



○ Population density: All

The analysis focuses on the estimated population density per km².

Sunderland's estimated population density in mid-year 2020 is 2016.75 people/km² within a range of 155 to 12716 across 184 LSOAs.

The England-wide LSOA distribution is 2 to 106716 with a mean value of 4420.91 people/km².

Key

Values for LSOAs within the selected boundary are shown.

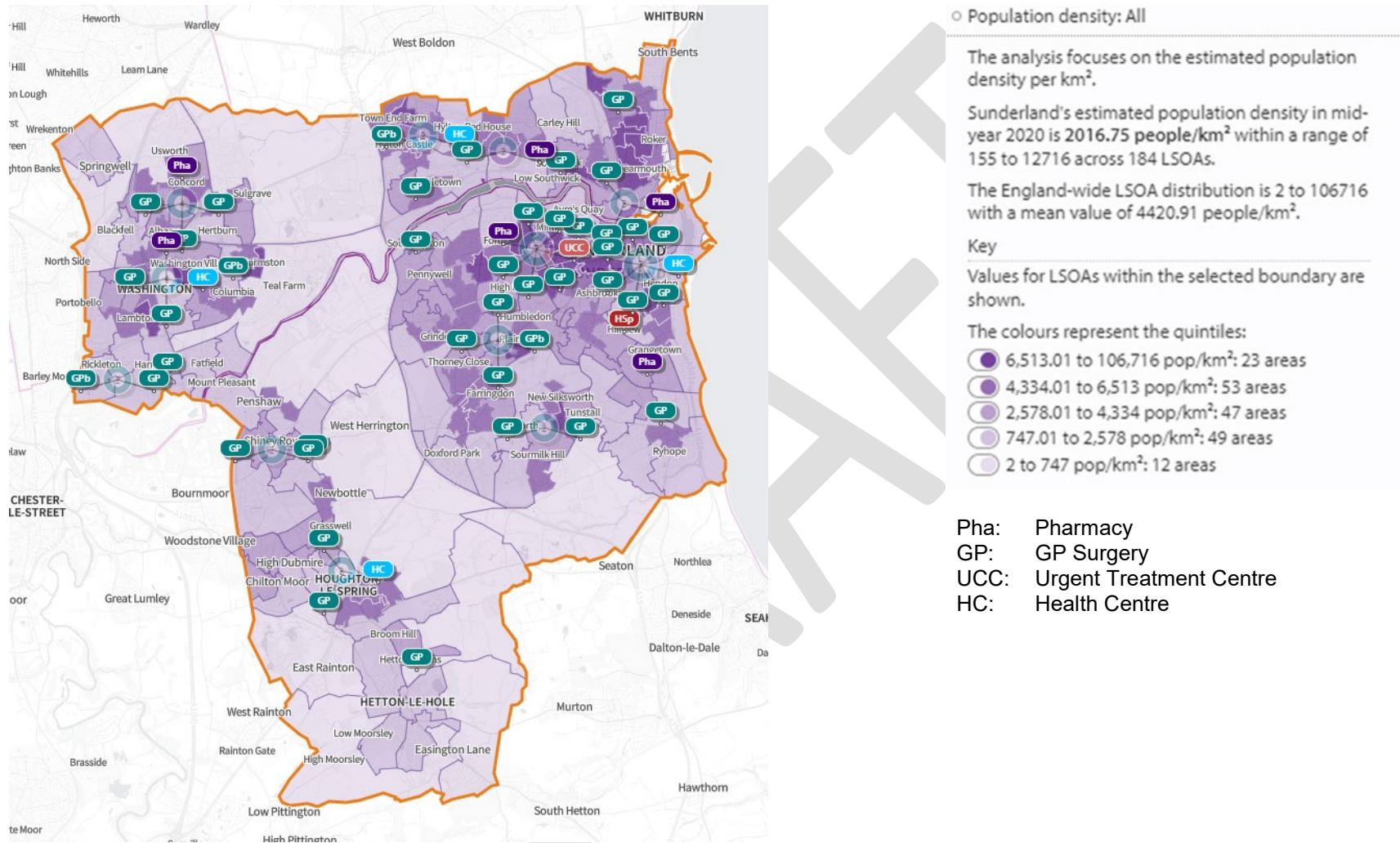
The colours represent the quintiles:

- 6,513.01 to 106,716 pop/km²: 23 areas
- 4,334.01 to 6,513 pop/km²: 53 areas
- 2,578.01 to 4,334 pop/km²: 47 areas
- 747.01 to 2,578 pop/km²: 49 areas
- 2 to 747 pop/km²: 12 areas

- Pha: Pharmacy
- GP: GP Surgery
- UCC: Urgent Treatment Centre
- HC: Health Centre

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Figure 12: Pharmacies opening on Sunday



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Footnote: There are 9 pharmacies open on Sundays. Due to the scale of the map and proximity of some pharmacies, individual labels cannot be seen on the map for all pharmacies. 3 are located in Washington, 3 in East, 2 in North and 1 in West.

As seen in figures 11 and 12, on Saturdays and Sundays, GP services are provided from five health centre hubs in Washington, Coalfields, Sunderland East, North and Sunderland West.

There are 16 community pharmacies are open to 5pm, 5.30pm or 6pm each Saturday (with the GP extended access period running until 5.30pm) and 4 that remain open until 10pm (the Urgent Treatment Centre's formally commissioned hours run until 10pm).

There are no pharmacies open in the Coalfields area on Saturday afternoon or evenings.

On Sundays, there are 9 pharmacies located in Sunderland East, North and Washington that provide access during the times that the Urgent Care Centre and the Healthcare hubs are open. There is reduced opening time access in the Sunderland West area and there are no pharmacies open on Sundays in the Coalfields area.

Although there is adequate provision for accessing prescribed medicines for the majority of the Healthcare centre sites, there are no pharmacies open near the Coalfields healthcare centre sites on Sundays. It can be seen that there is no provision within the Coalfields area after 6.30 pm on weekday evenings or on Saturday afternoons or Sundays. Whilst opening during these times 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 community pharmacies across the city that open during weekday evenings and weekends are accessible to people living in the Coalfields locality.

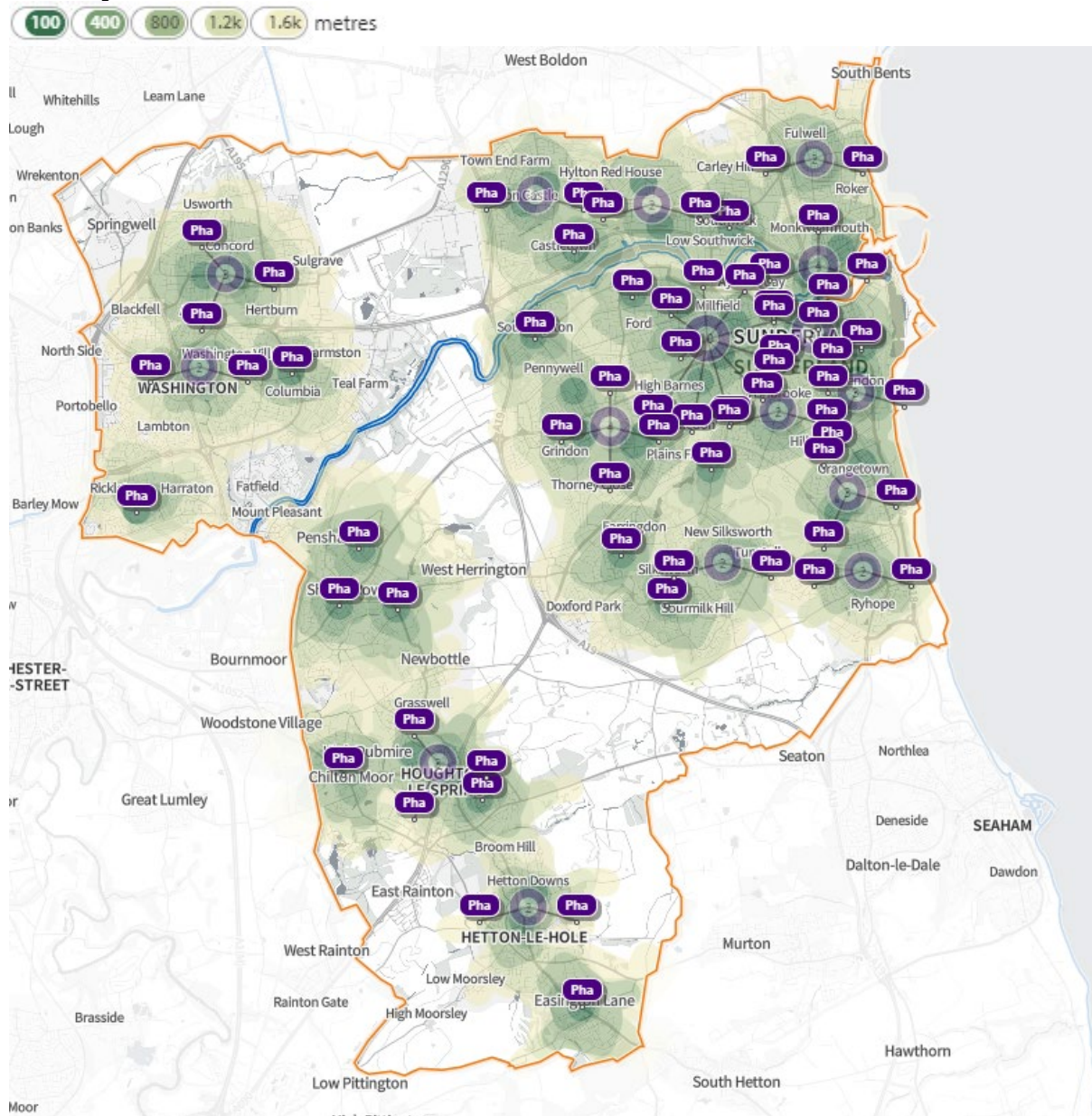
6.8.4 Access to pharmacies by foot and by public transport

The following maps demonstrate access to community pharmacies by foot and by public transport in terms of travel time and distance travelled. The denser colour of the maps indicates the proximity of the pharmacy.

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 pharmacies across the city that open on Sundays are accessible to people living in the Coalfields locality.

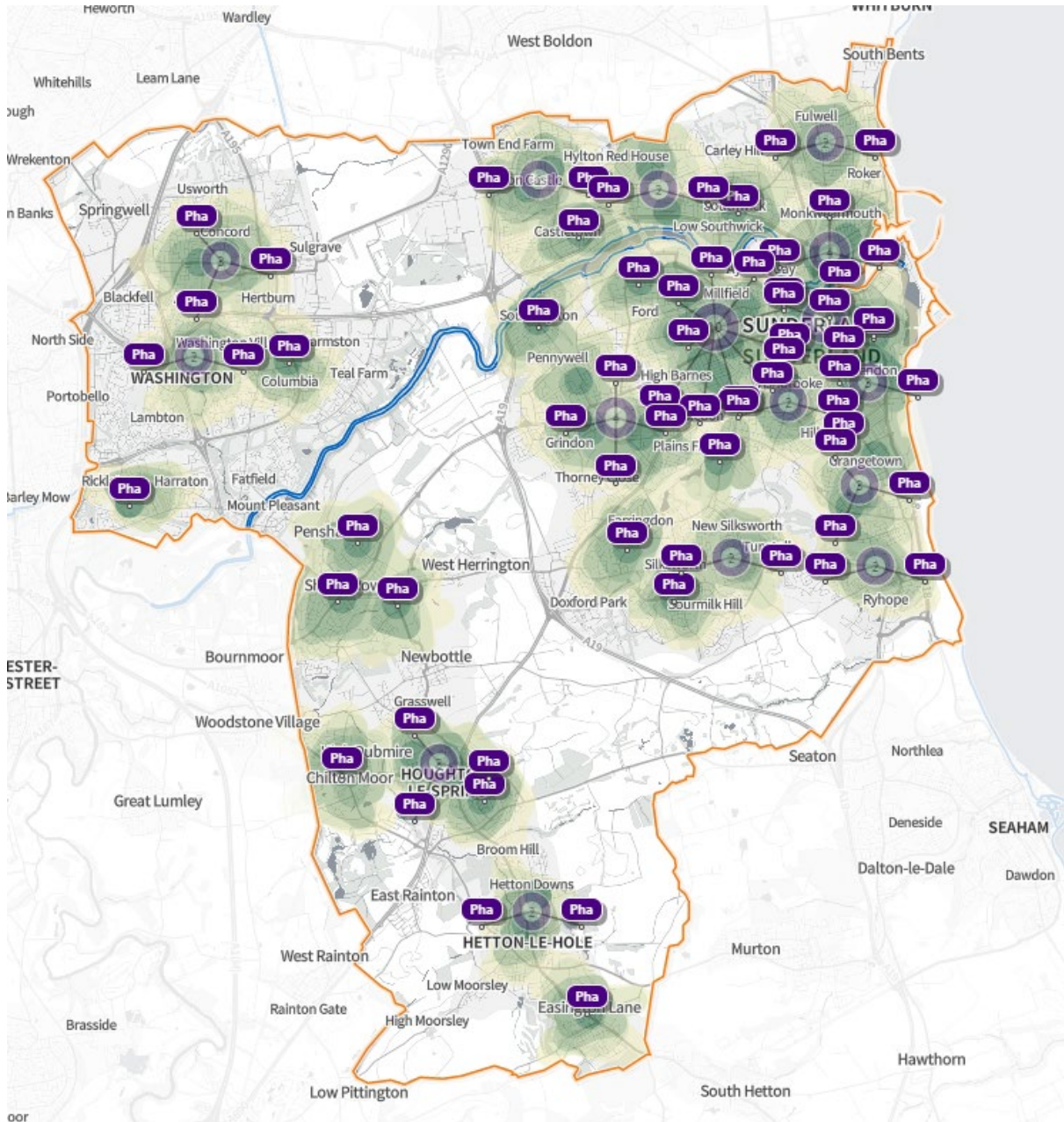
Figure 13: Access to pharmacies by foot
13a : by distance walked



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13b: by time taken to walk

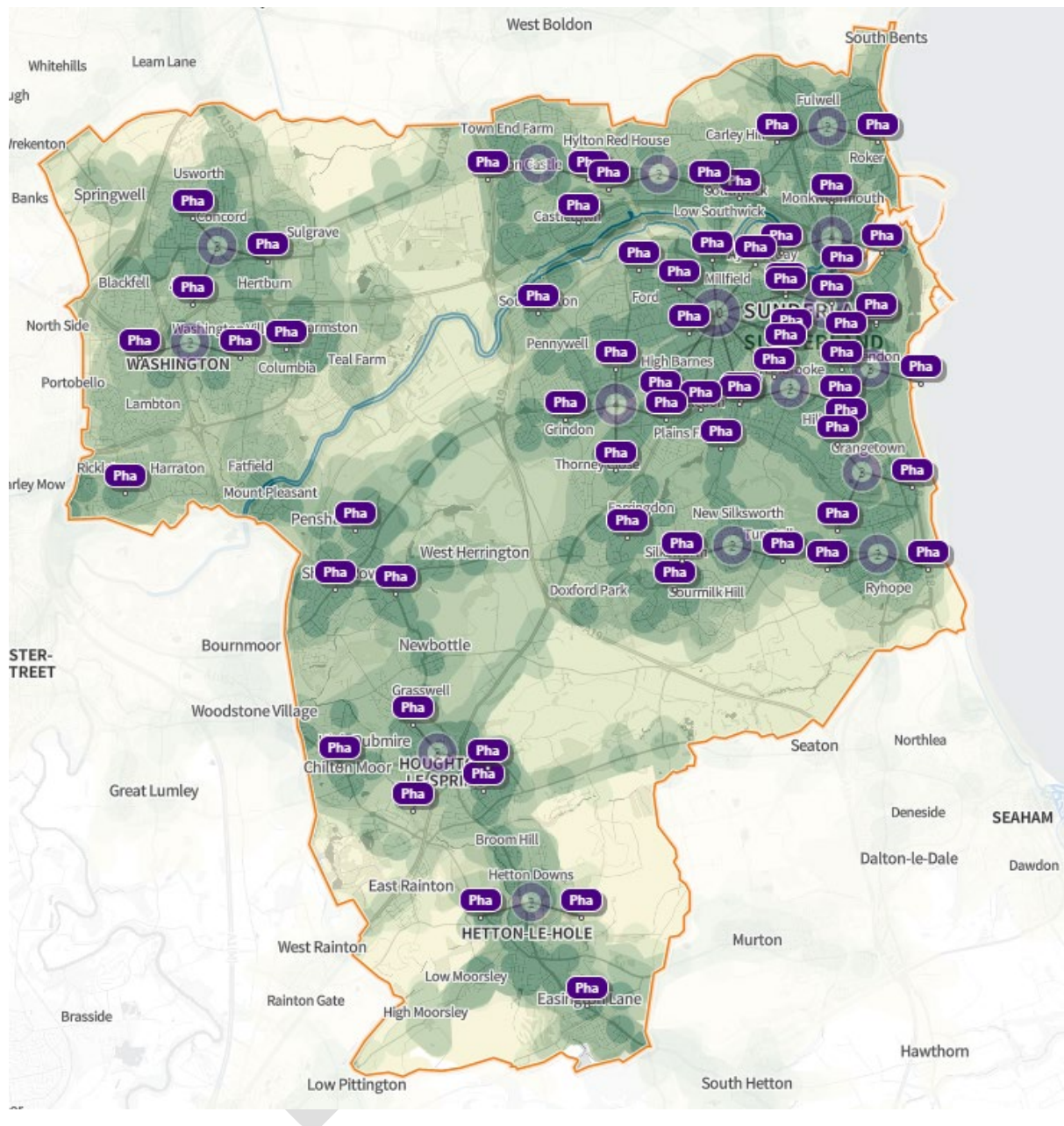
3 6 9 12 15 minutes



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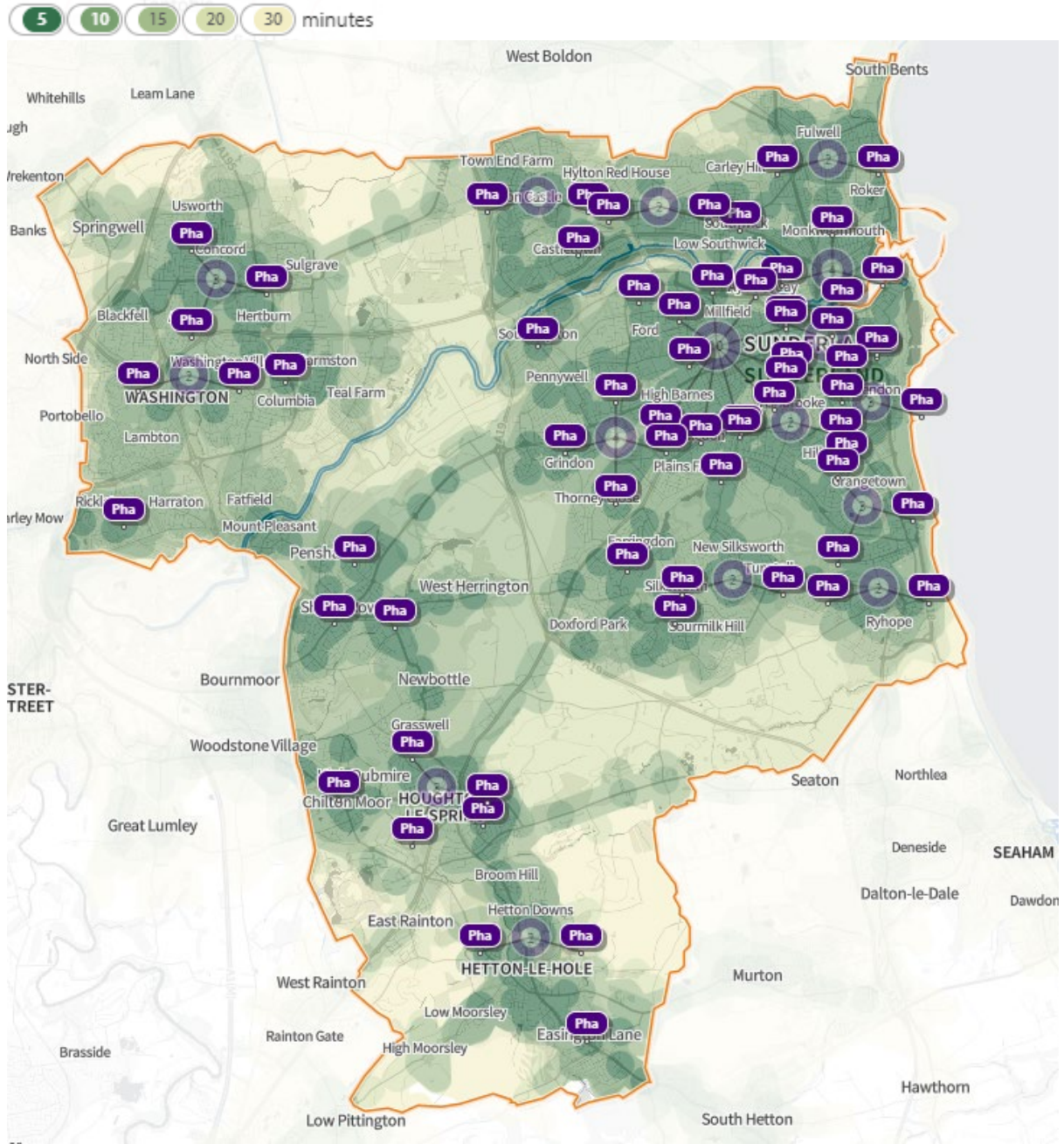
Figure 14: Access to pharmacies using public transport
14a Pharmacy distance by public transport – morning weekdays

5 10 15 20 30 minutes



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14b: Pharmacy distance by public transport – evening weekday



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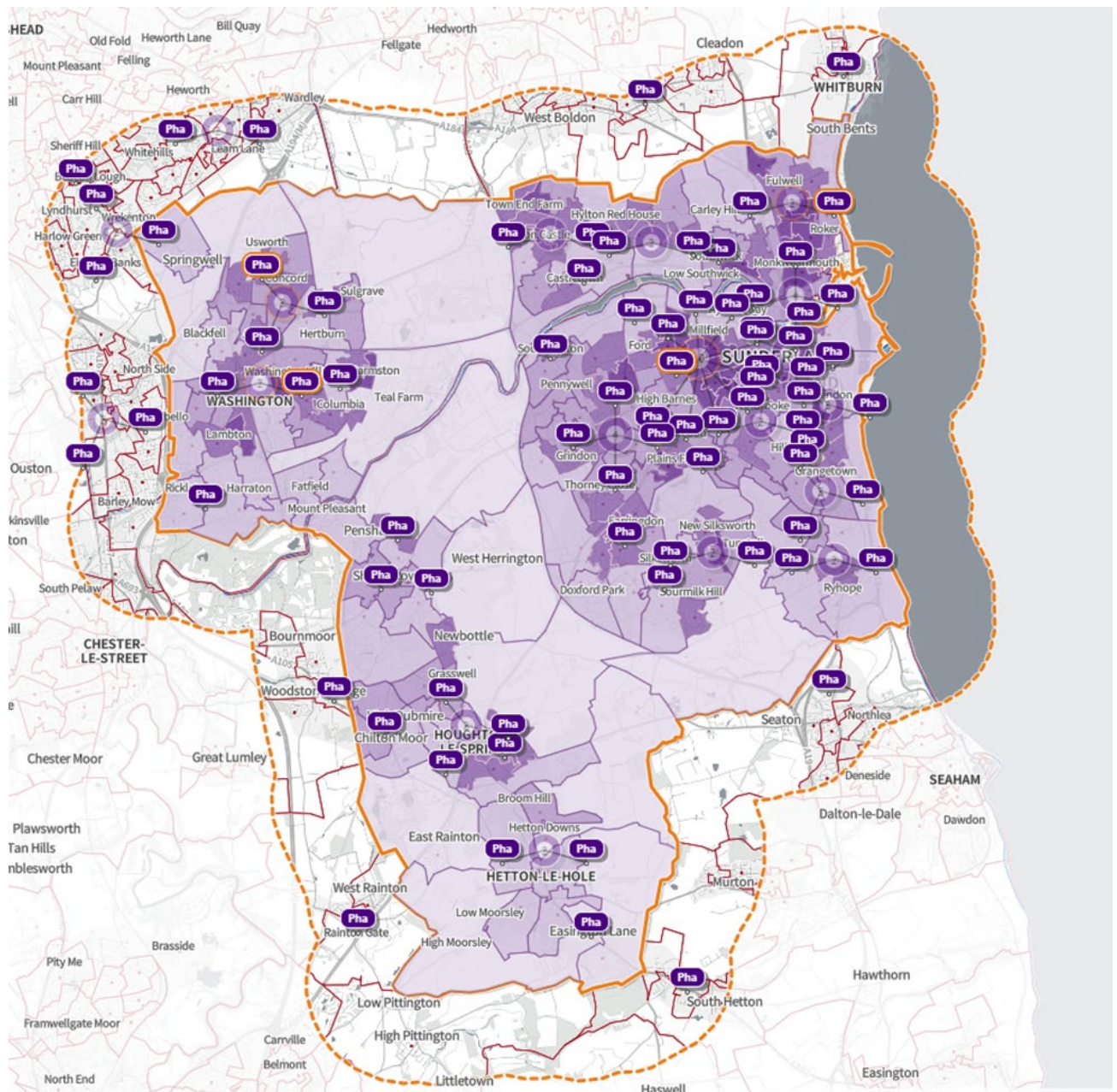
6.8.5 Access to pharmacy services out of the Sunderland area

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

In particular, there may be pharmacies close to residents who live on or close to the city boundaries. These maps demonstrate the population density (darker colour indicating the denser population) and pharmacy locations within the Sunderland boundaries and the neighbouring areas. This is of note in terms of the Washington and Coalfields localities in providing further choice of community pharmacies in these areas.

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Figure 15: Map population density (darker areas more densely populated) and pharmacy locations both within area and on the boundary with neighbouring areas



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Footnote this map will be updated for the final PNA to reflect the recent consolidation of two pharmacies in the West

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

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

As described earlier in this report, on average about 95% of prescriptions issued in Sunderland are issued by pharmacy contractors within the city boundaries.

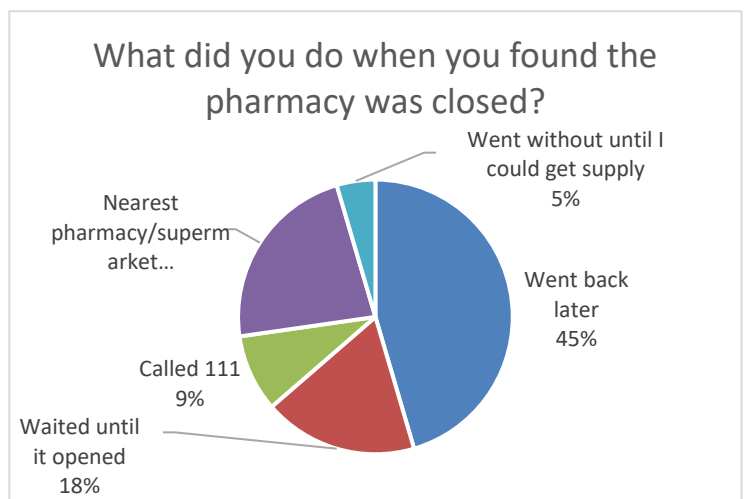
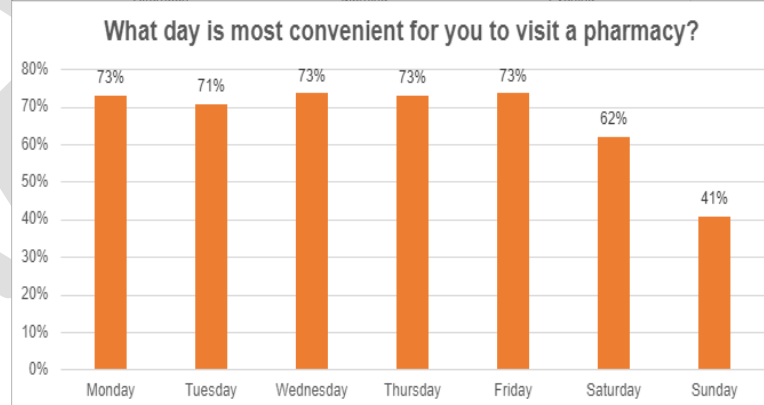
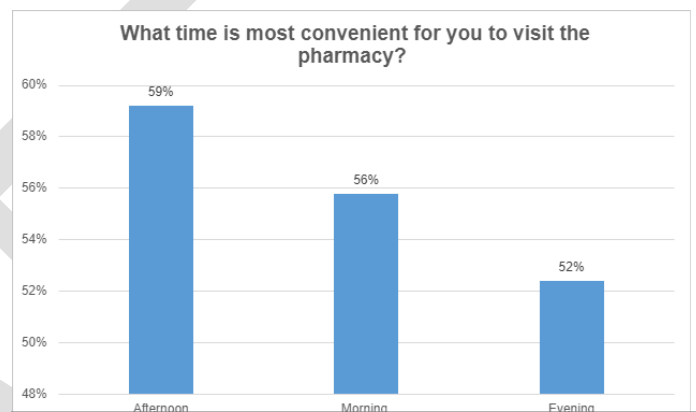
6.8.6 Feedback from customers regarding pharmacy opening hours

Responses from the customer questionnaires regarding access to pharmacy services indicated that most people (59%) find the afternoon more convenient to visit the pharmacy, however all times of the day were identified as convenient by over half of the respondents.

In terms of which day people find most convenient to visit a pharmacy, all of the weekdays were identified as the most convenient for a proportion of people (all weekdays scoring over 70%) with the weekends identified less commonly.

16% of respondents identified that there had been times when they had visited their pharmacy and found it was closed. This may reflect on the recent issues seen during the pandemic when pharmacies were permitted to reduce their hours in some circumstances.

Further information provided indicated that in the majority of cases people either returned at another time, went to another nearby pharmacy or waited until the pharmacy opened. A small number of respondents indicated that they contacted their NHS111 service for advice or to obtain an emergency supply of medicines or "went without" their medicines until they could obtain a supply.



6.9 Improving access

6.9.1 Electronic prescription service

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

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

During 2020/21, 97% of the prescriptions issued in Sunderland were via the electronic prescribing system. ⁽⁴¹⁾

6.9.2 Collection and delivery services

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

81% of responding pharmacies indicated they deliver dispensed medicines free of charge with some pharmacies charging for this service. The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and those requiring end of life care or urgent medicines.

In some cases it was reported that deliveries had to be prioritised for these groups due to the limited resources available to provide this service.

NHSEI commissioned the pandemic delivery service via community pharmacies in response to COVID-19. The service remained active until 31st March 2022 for people notified of the need to self-isolate by NHS Test and Trace in all areas of England.

It is also worth noting that Sunderland LPC worked in partnership with the Sunderland COVID volunteer co-ordinator to ensure that volunteers and community pharmacies worked in partnership to ensure that many vulnerable people and those individuals in isolation, could gain access to their medication.

6.10 Disability access

To comply with the Equality Act 2010 ⁽¹⁵⁾, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against

persons with a disability. A person is regarded as being having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

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

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSEI regulations and guidance ⁽⁴⁴⁾ almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

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

6.11 Access to Translation Services

NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

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

7 Pharmaceutical Services Overview

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* ⁽⁴⁵⁾

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

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

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSEI to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams.

7.1 Essential services

The NHS Community Pharmacy Contractual Framework (CPCF or the 'pharmacy contract') ⁽⁸⁾ states that all pharmacies, including distance selling pharmacies, are required to provide the essential services.

As of October 2021, the essential services are:

- Dispensing of prescriptions,
- Dispensing of repeat prescriptions i.e. prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription that states the prescription interval (usually every 28 days) and the number of times it can be repeated (usually 6 times) This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- Promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), or smoke, or are overweight, and participating in public

health campaigns when requested to do so by NHS England and NHS Improvement.

- Signposting people who require advice, treatment or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.
- Dispensing of appliances (in the "normal course of business").

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

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

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

7.2 Advanced Services

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

Advanced services currently include:

- Appliance Use Review (AUR).
- Community Pharmacy Consultation Service (CPCS).

- Hepatitis C testing Service.
- Hypertension case-finding service.
- New Medicine Service (NMS).
- Stoma Appliance Customisation Service (SAC).
- Flu vaccination service.
- Smoking Cessation Advanced Service.

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

- C19 Lateral Flow device distribution service
- Pandemic Delivery service

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

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

Table 9: Distribution of community pharmacies providing advanced services, by locality

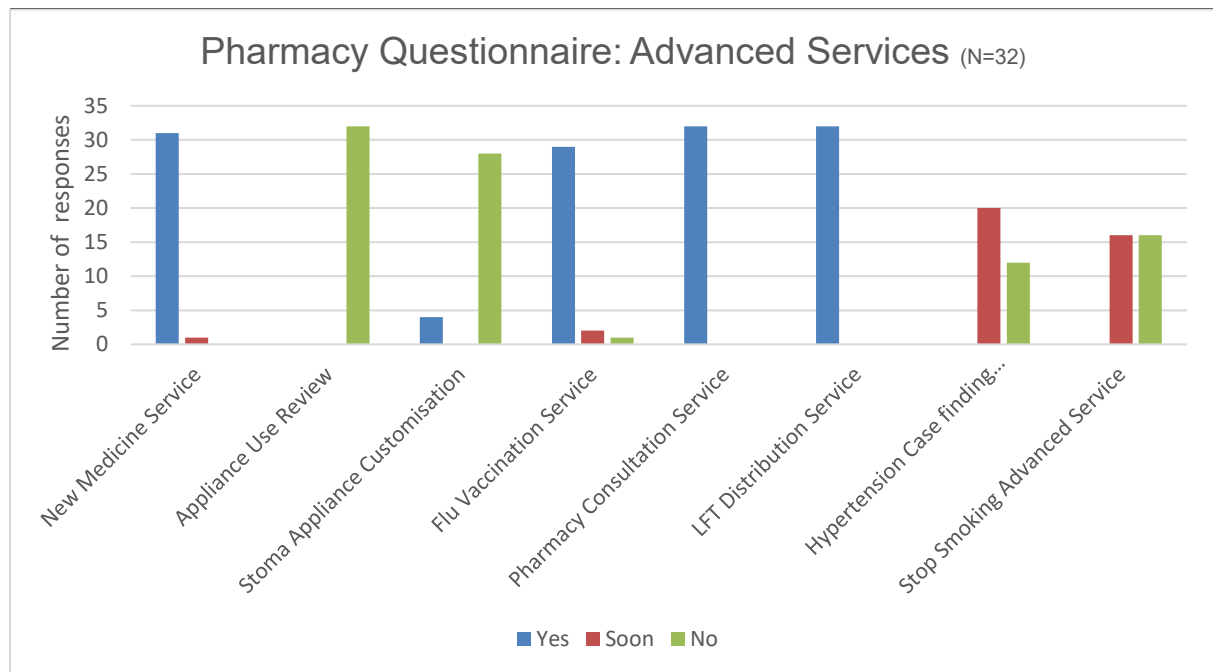
	Community Pharmacy Consultation Service (CPCS)	Hepatitis C testing Service	New Medicines Service	Flu Vaccination service	Hypertension case-finding service*	LFT
Coalfields	11	0	11	Majority of pharmacies providing this service	3	10
East	16	2	16		4	15
North	13	0	11		2	12
West	14	0	14		2	12
Washington	8	0	8		1	8
Total	62	2	60		12	57

Data Source: ⁽⁴²⁾

Table 9 shows the distribution of pharmacies across the localities of Sunderland that deliver the Advanced services. At the time of production of the PNA, some of the more recently introduced services do not have information regarding provision.

Chart 6 below, reflects responses from the 32 services that responded to the pharmacy questionnaire (further information is available in section 10 and Appendix 3) in terms of provision of Advanced Services.

Chart 6: Pharmacy Questionnaire – Advanced services



Very few of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service (4/32; 12.5%) and none provide appliance use review. However almost all indicated that they provide the New Medicine Service (31/32; 96%) and the Community Pharmacy Consultation Service (32/32; 100%).

29/32; 90% of the pharmacies indicated they provided a Flu Vaccination Service, and the majority were involved in the COVID-19 Pandemic response with distribution of Lateral Flow tests and the Pharmacy Pandemic Delivery Service of medicines to vulnerable people.

In addition, more than half of the pharmacies indicated their intention to engage with new services being introduced at the time of the survey, namely the Hypertension finding service and the Stop Smoking advanced service.

Further information regarding these services is described below.

7.2.1 Appliance use review

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

None of the pharmacies responding to the survey indicated that they provided appliance use review. However, this is likely to be provided by the Appliance Contractors as a specialism of the services.

7.2.2 Community Pharmacist Consultation Service

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

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs, thus providing the opportunity for community pharmacy to play a bigger role than ever within the urgent care system. Since the CPCS was launched, an average of 10,500 patients per week are being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP. ⁽⁴⁶⁾

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

All the pharmacies responding to the questionnaire indicated that they participate in the CPCS. This was further supported with information from NHSEI which indicated that in January 2022, there were 62 community pharmacies in Sunderland signed up to CPCS delivery, including one of the distance selling pharmacy services. However, there was no data available regarding number of type of referrals at the time of producing this PNA. However, concern has been raised during the PNA consultation process that the new CPCS and the discharge medicines services are currently under-

utilised in terms of referral to community pharmacy from healthcare services such as GP practices and secondary care services.

7.2.3 Hepatitis C testing service

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

This service is currently being provided by 2 pharmacies (Boots at Park Lane and the 100 hour pharmacy, Million Medical Ltd at Hylton Road).

7.2.4 Hypertension case-finding service

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

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

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements;
- Provide another opportunity to promote healthy behaviours to patients.

Responses in the pharmacy questionnaire indicated that none of the pharmacies were yet providing the Hypertension case finding service, though 20 (63%) respondents indicated that they would be providing the service "soon" with 12 (37%) stating "no".

Information from NHSE in January 2022 indicated that 10 pharmacies were signed up to delivery of the Hypertension Case finding services in Sunderland (3 in Coalfields, 4 in East Sunderland, 2 in North Sunderland, 2 in West Sunderland, and 1 in Washington).

7.2.5 New Medicine Service (NMS)

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

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

From 1st September 2021, the following conditions were covered by the service:

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

Previously antiplatelet/anticoagulant therapy was included in the eligibility for support by the NMS but is now included in the above list by reference to the underlying condition/reason for prescribing.

31 of the 32 respondents (97%) to the pharmacy questionnaire indicated that they were active participants in the New Medicines Service. This is supported by information from NHSEI which indicated that in January 2022 all but 4 pharmacies (2 of which were distance selling pharmacies) were signed up to provide NMS. However, during to the pandemic, submissions to NHSEI reflecting activity were temporarily ceased. These will recommence in April 2022.

In response to the customer questionnaire, 47% of respondents stated that they used their pharmacy for advice from their pharmacist e.g. about minor ailments or new medicines.

7.2.6 Stoma Appliance Customisation Service (SAC)

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

Very few of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service (4/32; 12.5%).

7.2.7 Flu vaccination service

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

29/32; 90% of the pharmacies responding to the questionnaire indicated that they have been involved in the delivery of the 2021/22 Flu Vaccination Service.

7.2.8 Smoking Cessation Advanced Service

The Smoking Cessation Advanced Service commenced on the 10th March 2022 for people referred to community pharmacies by hospital services. This service supplements other locally commissioned smoking cessation services and enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required; in line with the NHS Long Term Plan care model for tobacco addiction.

More than half of the pharmacies indicated their intention to engage with new Stop Smoking advanced service being introduced in response to the survey.

7.2.9 Additional Advanced services set up in response to the COVID-19 Pandemic

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

7.2.10 COVID-19 lateral flow device distribution service

At the end of March 2021, a new Advanced service, the NHS community pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it was described in communications to the public) was added to the NHS Community Pharmacy Contractual Framework. This service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community

pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

The service was part of the Government's offer of lateral flow testing to all people in England and it worked alongside other available COVID-19 testing routes.

In the customer questionnaire, 48% of respondents stated that they had used their local pharmacy to collect lateral flow test kits.

7.2.11 Pandemic Delivery of Medicines Service

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

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

At the time of producing this PNA, this service was anticipated to remain active until 31st March 2022.

It is important to note that currently, many pharmacies provide a delivery service to their customers even though this is not a commissioned service.

In the pharmacy questionnaire, 26/32; 81% of pharmacies indicated they deliver dispensed medicines free of charge. Some pharmacies indicated charging for this service. The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and for those requiring end of life care or urgent medicines. In some cases, deliveries had to be restricted to these groups due to the limited resources available to provide this service.

7.3 Local Enhanced services

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

7.3.1 Covid vaccine administration (Local Enhanced Service)

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

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

Information from NHSE January 2022, indicated that 5 pharmacies in Sunderland were providers of this enhanced services (1 in each of the Sunderland East, North and Washington localities, 2 in Sunderland West and none in the Coalfields area).

3 of the Pharmacies completing the questionnaire indicated that they currently provide the covid vaccine administration service with a further 16 willing to provide this service if commissioned to do so.

8 Sunderland Locally Commissioned Services

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

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

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

In Sunderland, pharmacy services are currently commissioned locally by the Council's Public Health Team, Sunderland CCG, the ICS and the local NHS England and NHS Improvements (NHSEI) team.

8.1 Sunderland CCG Locally Commissioned services

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

- Emergency Supply of Palliative Care Medicines;
- Fidaxomicin Supply.

Previously Sunderland CCG commissioned a Minor Ailments scheme, however, this service was decommissioned on 29th April 2018.

A position statement⁽⁴⁷⁾ was published stating that Sunderland Clinical Commissioning Group (SCCG) supported the recommendations in the NHS England guidance for CCGs that over the counter items should not routinely be prescribed in primary care. Painkillers available over the counter such as Paracetamol, NSAIDs (oral and topical)

and Co-Codamol, were not to be prescribed for short-term use and where short-term need was identified for these items GPs should proactively recommend purchasing at a pharmacy. However, they could be prescribed for long-term conditions.

More recently, the "Think Pharmacy First" programme has been commissioned by the ICS across the Region which will further promote community pharmacy services as the first point of contact for advice and treatment of minor ailments (see ICS commissioned services section below).

8.1.1 Emergency supply of palliative care medicines

The following community pharmacies (including the four 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);
- 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).

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.

In the 12 month time period from September 2020 to August 2021 there were 80 call outs for emergency supply of palliative care medicines in Sunderland using this service.

8.1.2 Fidaxomicin Supply

The purpose of this service is for a community pharmacy to stock and supply fidaxomicin or vancomycin (antibiotics), as identified following clinical assessment, for the treatment of Clostridium difficile infection in primary care.

The clinical assessment is undertaken by healthcare professionals including GP practices, on-call out of hours service provider for GP practices, District and Community Nursing, A&E departments, NHS 111 and Integrated care teams who are aware of participating community pharmacies to enable patients to be signposted prescribed medicines to be supplied.

The service aims to support the supply and delivery of fidaxomicin or vancomycin for incidents of Clostridium difficile and help prevent emergency hospital admissions.

For the 12 month time period between September 2020 and August 2021, 2 supplies of fidaxomicin had been issued from Boots at The Bridges.

Only one of the respondents in the PNA the pharmacy questionnaire indicated that they provide this service.

8.1.3 Other CCG initiatives

In addition to the CCG Community pharmacy commissioned services, there are other health care initiatives that Sunderland CCG have introduced that could impact on community pharmacy services

8.1.3.1 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, pulmonary embolism, atrial fibrillation and high or moderate risk of stroke. 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 set up 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.

Although not technically a CCG commissioned service with community pharmacies, this service is provided by a range of providers and companies in the Sunderland area including one community pharmacy service.

In response to the pharmacy questionnaire, 14 pharmacies indicated that they would be willing to provide if this was a commissioned service.

8.1.3.2 Cellulitis Pathway Medicines

This is not a service provided by community pharmacies but is provided by GPs referring patients to the 'Recovery at Home' service and could have an indirect effect on the demand for community pharmacy services.

8.1.3.3 Deep Vein Thrombosis Medication

This is not a service provided by community pharmacies but is provided by GPs referring patients to the 'Recovery at Home' service and could have an indirect effect on the demand for community pharmacy services.

8.1.3.4 Long Term Pain Management

The term chronic pain refers to a continuous pain that persists beyond the expected time of healing or for longer than 3 months excluding cancer related pain and pain experienced at the end of life care. Opioids are increasingly being prescribed to manage chronic pain; however, the clinical evidence shows limited effectiveness and there are patient safety concerns due to the risks associated with long-term use of opioids. Opioid prescribing in general practice is higher in the North of England when compared to other areas of the UK. Sunderland CCG is included in the national outliers in terms of the level of opioid prescribing. Sunderland CCG advises GP prescribers to achieve a reduction in prescribing for Opioids ⁽⁴⁸⁾ and also to reduce prescribing of gabapentinoids.

If a patient has chronic pain, they would not be advised to purchase these medicines but may be prescribed a smaller amount which would be reviewed. However, if during the process of reduction, it is found that a patient has intermittent pain which is manageable using medicines that are available over the counter on a 'when required basis', then the patient may be advised to seek these from a pharmacy. However, leading up to that point the GP practice will provide all necessary prescriptions and advice to facilitate the reduction process.

This is not a change of service for community pharmacies, but they may note a change in prescribing or increased referrals for over the counter medicines from local prescribers.

8.2 Sunderland City Council Public Health Commissioned Services

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

- Intermediate stop smoking services;
- Dispensing services for smoking cessation products such as nicotine replacement and varenicline;
- Supervised consumption of opiate substitutes;
- Harm Reduction, including needle exchange;
- Emergency hormonal contraception and C-card registration/supply;
- Healthy Start Vitamins

Table 10: provision of local authority commissioned locally commissioned services, by locality from 1st February 2022

	Intermediate stop smoking services	NRT/Varenicline Voucher Scheme	Supervised consumption	Harm Reduction/Needle exchange	Emergency hormonal contraception and C-card registration/supply	Healthy Start Vitamins
Coalfields	9	9	7	1	5	5
East	7	8	7	2	6	7
North	7	11	11	2	6	6
West	12	9	9	2	9	8
Washington	4	7	8	1	6	2
SUNDERLAND	39	49	42	8	32	28

Data Source ⁽⁴²⁾

8.2.1 Stop smoking services (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. Locally, the numbers of smokers achieving a successful 4-week quit is monitored as an interim outcome towards reducing the prevalence of smoking within the population.

Intermediate stop smoking services are delivered in Sunderland via a range of providers across community pharmacies, GP practices, community and voluntary sector organisations and the independent sector. These follow an evidence-based model of service which is supported by the local Specialist Stop Smoking Service and the Council.

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

Unfortunately, due to supply issues during 2021/22, varenicline has been largely unavailable.

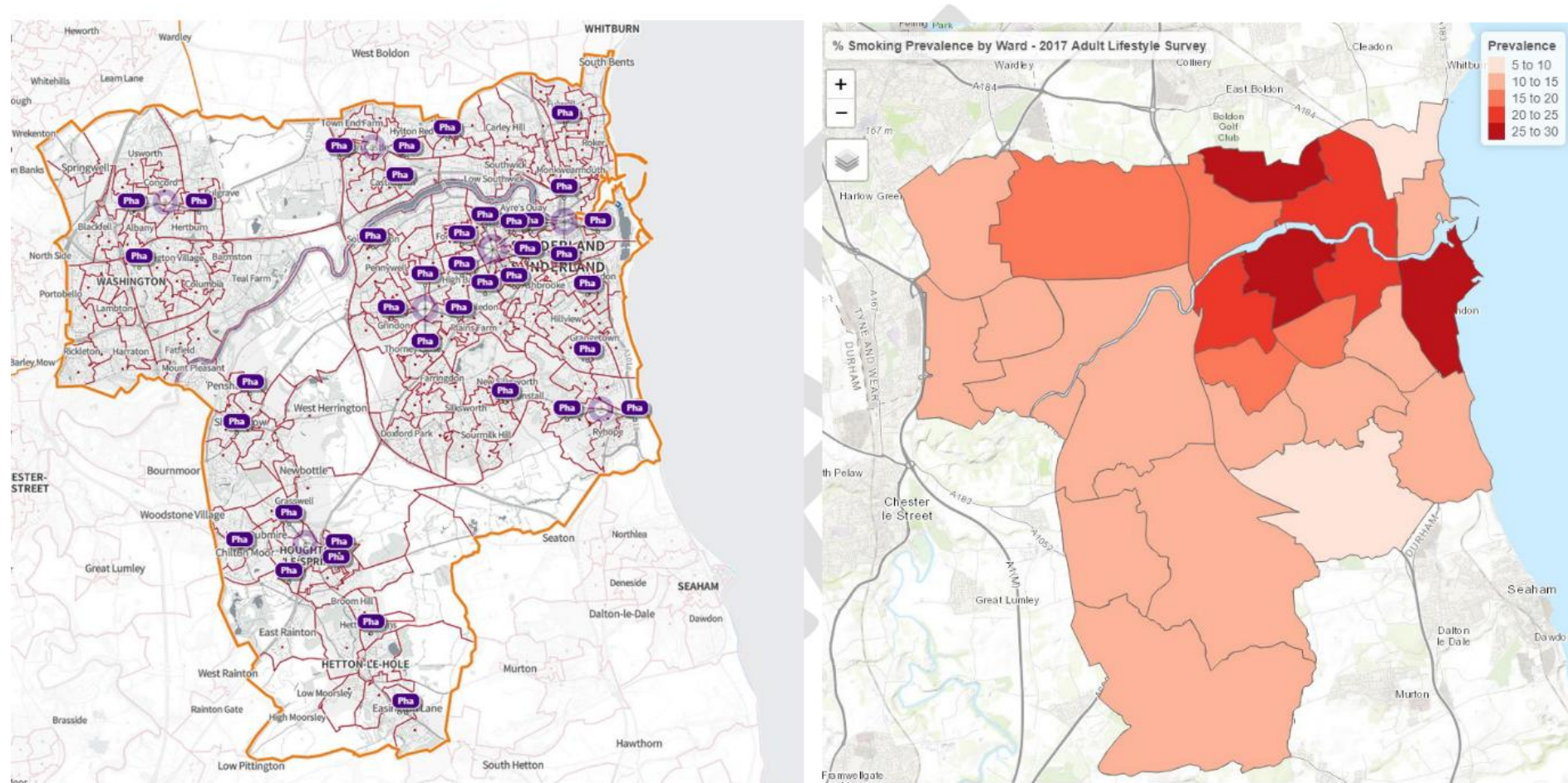
Community pharmacies continue to make a valuable contribution to the reduction in the number of smokers across Sunderland with 39 of the 60 community pharmacies

providing the intermediate stop smoking service alongside the and other forms of provision. During 2020/21, 1030 smokers in Sunderland accessed intermediate stop smoking services. This resulted in 556 successful quits. Community pharmacies supported 222 (22.6%) of these quit attempts and achieved 136 (61.3%) successful quits ⁽⁴⁹⁾.

Figure 16 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.

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Figure 16: Location of Stop smoking service providers compared to adult smoking prevalence



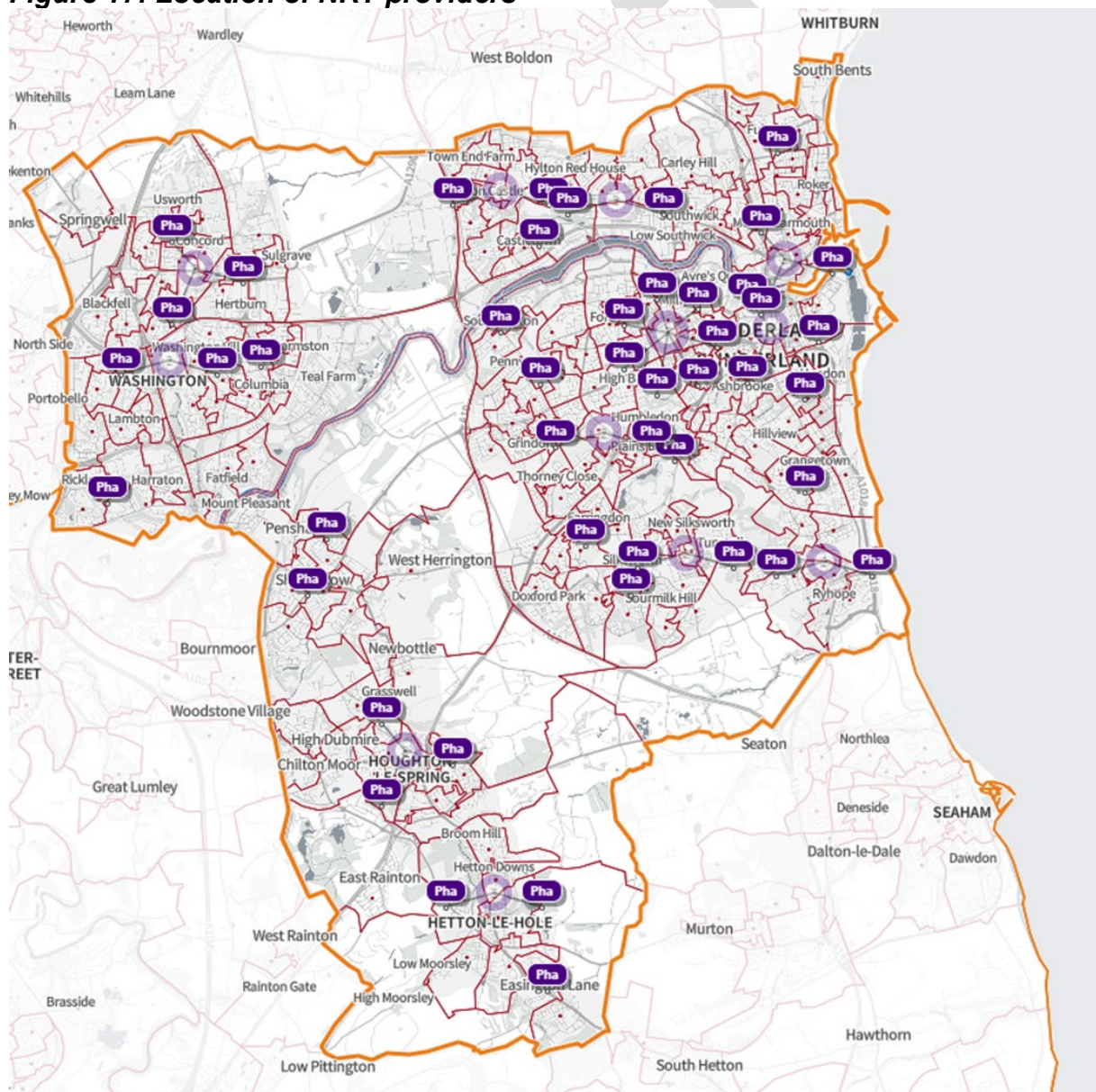
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8.2.2 Nicotine replacement therapy (NRT) and varenicline vouchers (dispensing)

Community pharmacists can dispense NRT and varenicline vouchers of recommendation provided by any intermediate stop smoking advisor or the Specialist Stop Smoking Service in Sunderland. The clinical responsibility for issuing the product and the final choice rests with the pharmacist.

The aim of this service is to complement other local stop smoking services and improve access to and choice of pharmacological stop smoking aids. 49 out of 60 pharmacies participated in the voucher schemes during 2020/21. Vouchers are provided to participating intermediate stop smoking providers via the local Specialist Stop Smoking Service.

Figure 17: Location of NRT providers



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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. It also presents a danger that a person could take a fatal overdose.

Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or Buprenorphine) for dependent drug users. To use the services, patients must 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 selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacist supervises the patient's consumption of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

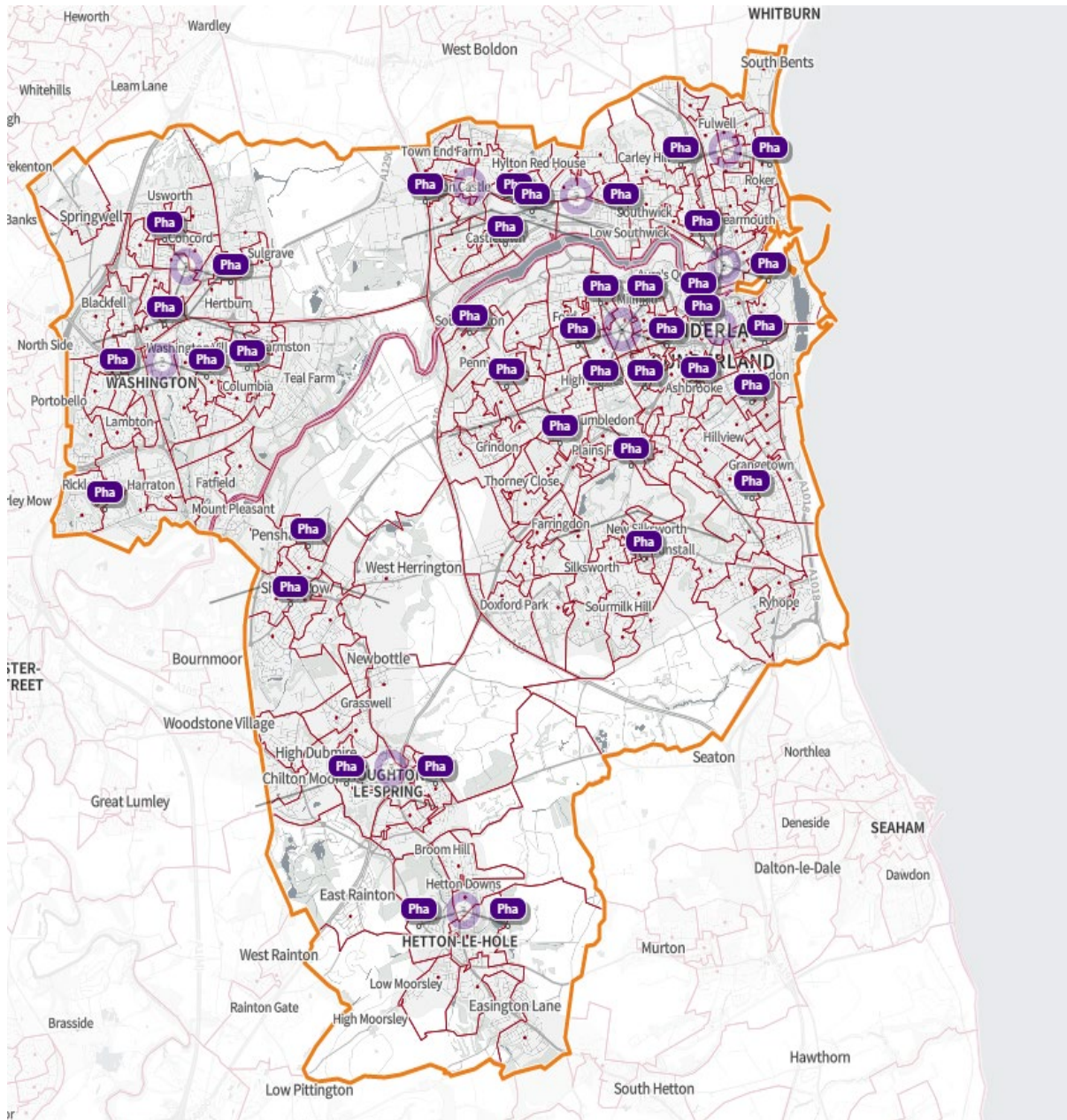
Recently, Buvidal has been introduced to the range of available opioid substitutes. It is a long-acting product that is administered sub-dermally and therefore removes the need for supervised consumption.

Within Sunderland, 42 of the 60 local community pharmacies and one community pharmacy within County Durham provided the supervised administration service during 2021/22. This includes provision in all five Sunderland localities.

During 2020/21, 1,283 registered service users made use of the service. 60.3% of instances of supervision were for prescribed methadone and 39.6% for prescribed buprenorphine. This generated between 1,500 and 2,000 interactions per month.

The most commonly used community pharmacy for supervised consumption in 2020/21 was McCarthy's Pharmacy in Hendon (2,237 interactions), followed by Blue House Pharmacy in Concord (1,783 interactions) and Boots Pharmacy in Park Lane in the centre of Sunderland (1,445 interactions). A small number of Sunderland residents make use of community pharmacies in County Durham to access this service.

Figure 18 – Supervised Consumption Pharmacies



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8.2.4 Harm Reduction / Needle exchange scheme

The aim of the harm reduction and needle exchange scheme is to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and other infections associated with use of non-sterile injection equipment. It does so through the provision of sterile injecting equipment and other associated products. It also helps to reduce the risk of needle stick injuries to others by reducing drug related litter through the safe collection and disposal of equipment.

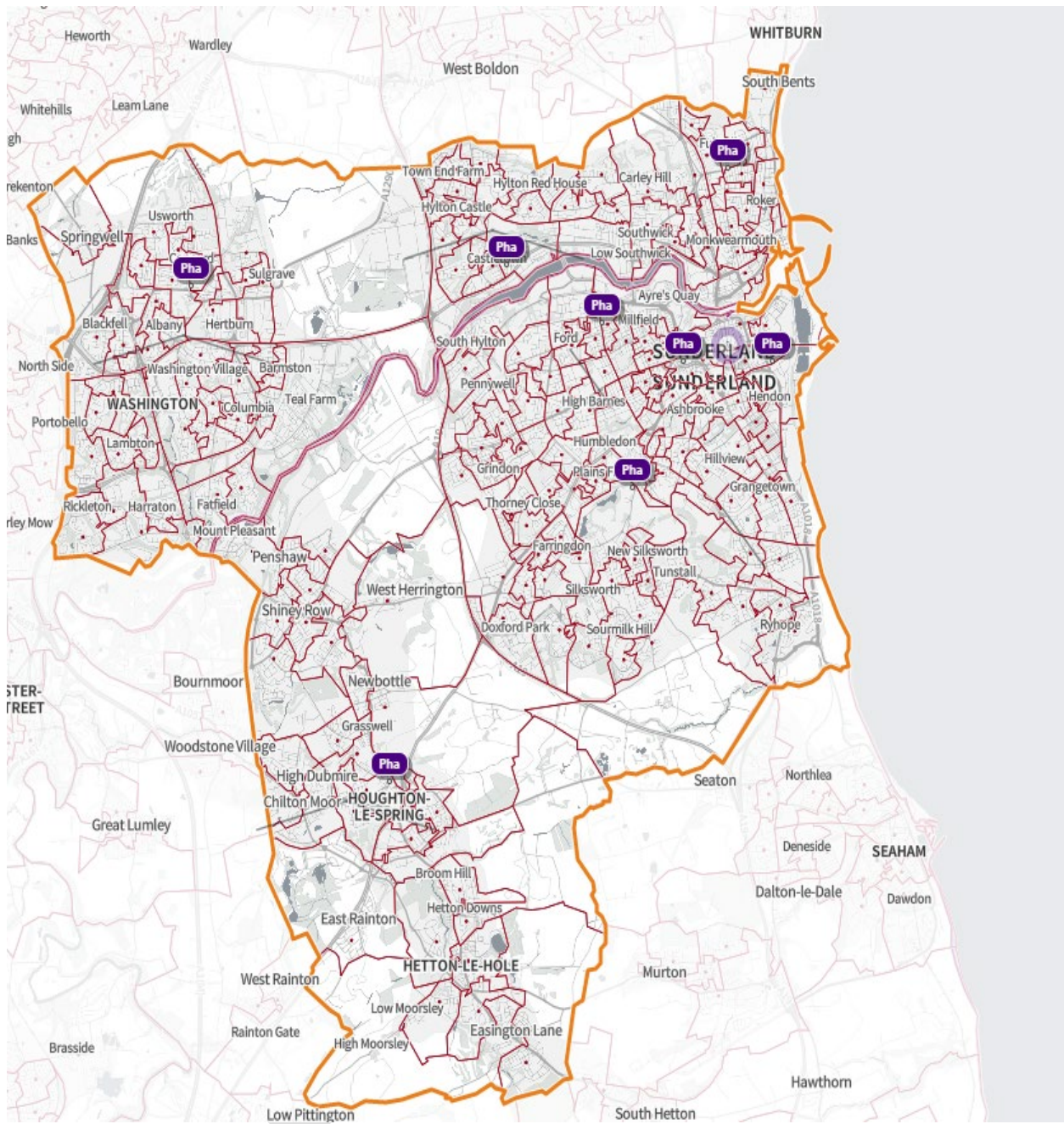
Service providers enable access to equipment, provide advice and information on its safe disposal, and distribute appropriate literature advising on harm reduction, safer sex and local services. Service users are encouraged to return used material in exchange for clean equipment.

The service is coordinated by the integrated substance misuse and harm reduction service (Wear Recovery) via 8 community pharmacies.

Current providers of the service are as follows:

- Frank Jones Chemist Ltd (Hopes Pharmacy), Houghton-le-Spring, DH4 4AR (Coalfields);
- L Rowland Ltd, Pallion, SR4 6NQ (Sunderland West);
- Riverview Health Centre Pharmacy, SR1 2HJ (Sunderland East);
- Lloyds Pharmacy, Fulwell, SR6 9BX (Sunderland North);
- Lloyds Pharmacy, Concord, NE37 2PY (Washington);
- Lloyds Pharmacy, Silksworth, SR3 1PD (Sunderland West);
- Davy Pharmacy, Castletown, SR5 3BQ (Sunderland North);
- McCarthy's Pharmacy, Hendon, SR1 1PA (Sunderland East).

Figure 19: Needle Exchange Pharmacies



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8.2.5 Emergency Hormonal Contraception (EHC)

Sunderland continues to have high rates of unintended pregnancy, particularly within those under the age of 18⁽⁵⁰⁾. Though teenage conceptions in the locality have decreased in recent years, they remain higher than other areas of the country. Easy and equitable access to emergency hormonal contraception is an important element of the local strategy to reduce teenage conceptions.

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 of charge to females aged 13 years and over in community pharmacies in Sunderland. It 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 means that it may be unaffordable for many in greatest need. Also, as the product is not licensed for use in for women aged under 16 years, it would not be possible for those 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 under a Patient Group Direction. The patient will also be provided with support and advice and can be referred to specialist services if appropriate.

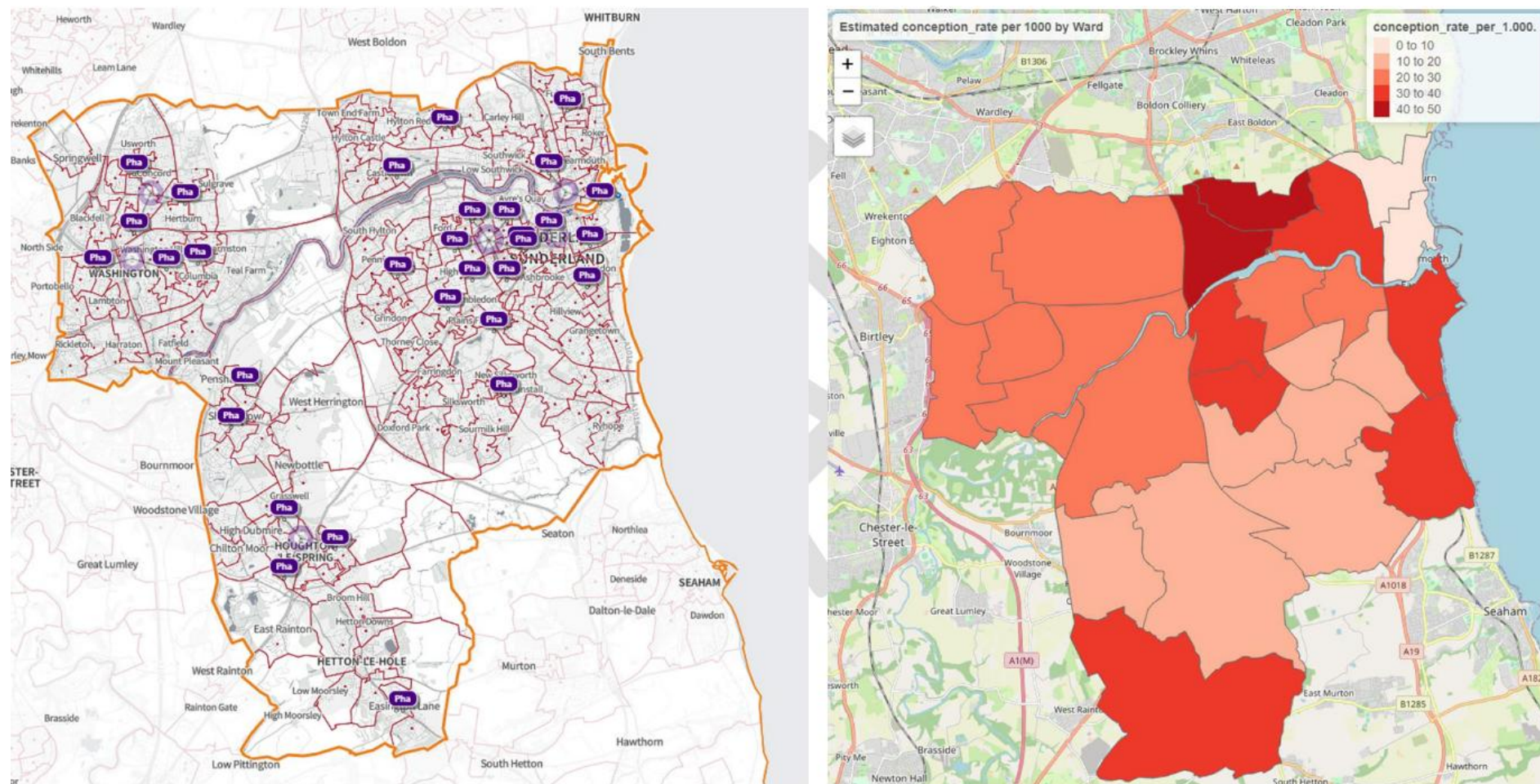
During 2021, the service has been supplemented by enabling participating community pharmacies to provide free condoms to young people who are eligible for the local "C Card" scheme. This is coordinated and supported by the local specialist sexual health service.

Within Sunderland, 32 out of 60 community pharmacies are providing emergency hormonal contraception under this scheme. This includes provision in all five Sunderland localities, including pharmacies which provide evening and weekend open hours.

Figure 26 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 both accessibility and choice.

In total, during 2020/21 the service provided 1,234 interactions; of these 63% related to unprotected sex, 27% to condom failure, and 9% to a missed pill. Previous use of emergency contraception was reported for 61% of the interactions. Around half of the interactions were at community pharmacies at The Bridges, Park Lane and The Galleries, though activity also took place on a smaller scale via pharmacies in all localities of Sunderland.

Figure 20: Provision of emergency hormonal contraceptives compared to under 18 conception rates



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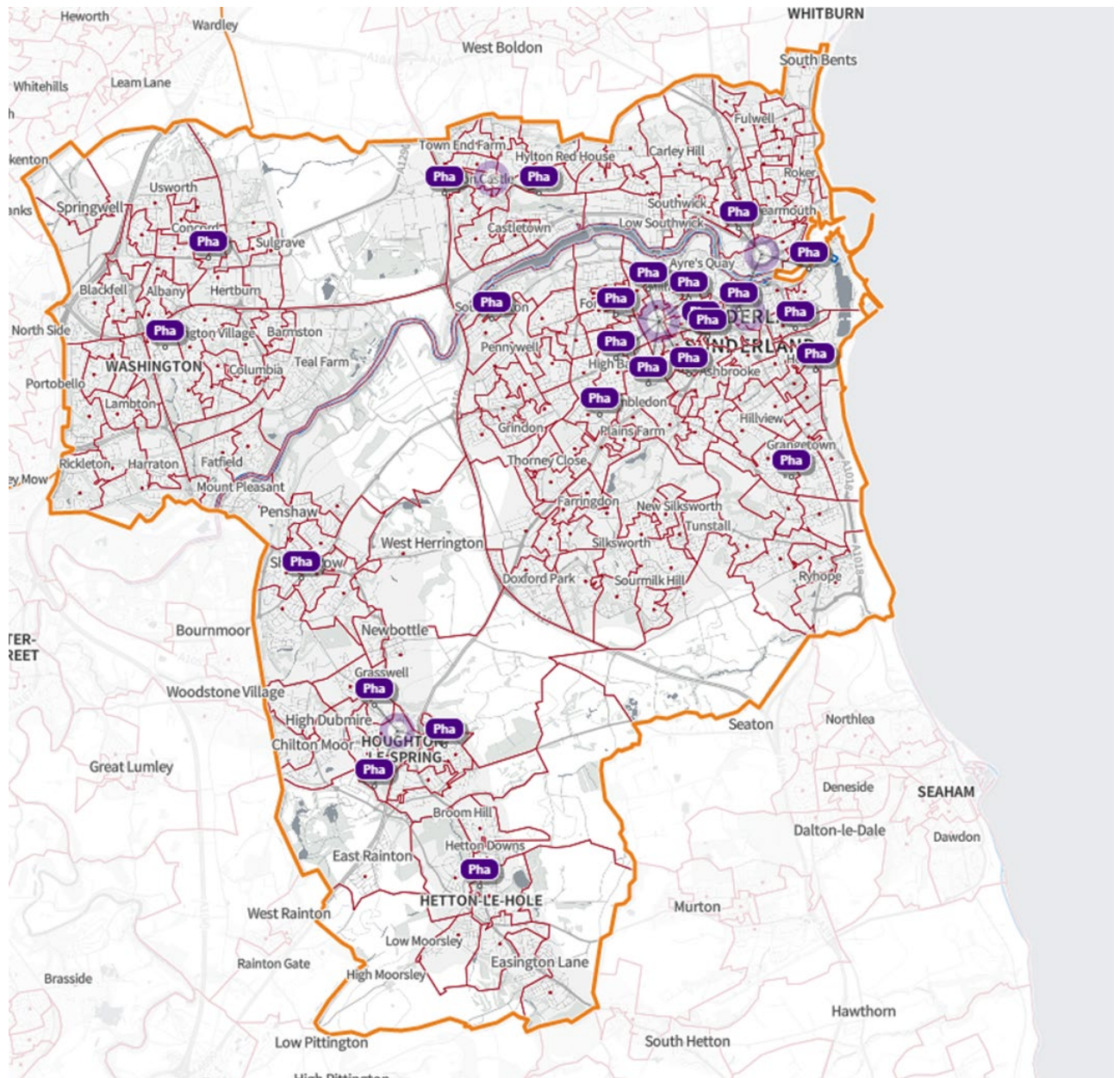
8.2.6 Healthy Start Vitamins

Healthy Start is a statutory UK-wide government scheme 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).

In Sunderland, provision of Healthy Start Vitamins is enabled via community pharmacies, with 28 of 60 local providers registered to take part. The Service aims to establish a clear and accessible pathway for the supply of Healthy Start Vitamins for those eligible for Healthy Start Vouchers. Community pharmacies 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. The service runs alongside a range of targeted forms of provision and promotion, such as via the local health visiting service or within Children's Centres.

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Figure 21: Healthy Start Vitamins Pharmacy



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8.2.7 Sunderland Council Commissioned Services Summary

The current range of services commissioned by Sunderland City Council has been in place since late 2017. A range of improvements and enhancements have been made to it in subsequent years, including the provision of varenicline as well as the C Card scheme. These services remain a popular and accessible way for local residents to access interventions to protect and improve their health and the Council continues to develop its approach to offering services via community pharmacies.

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

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

The services are:

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

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

8.3.1 Walk-in CPCS Emergency Medicine Supply

This service is identical to the advanced service already in operation, but patients do not require a referral from NHS 111, thus reducing pressure on NHS 111.

Any patient presenting at the pharmacy for an emergency supply of repeat medicines who is unable to obtain a prescription in a timely manner, in line with the service specification, can be provided with their medication at NHS expenses.

8.3.2 Think Pharmacy First Minor Ailment Service

This service had been delivered in some of the Areas within the North East Region previously. This service has now been commissioned in the Sunderland area and is aimed at the supply of medicines made to patients who would not normally make an over-the-counter purchase. For example, patients who would go to their GP, Urgent Treatment Centre or Accident & Emergency to receive medication or a prescription because they are exempt from the prescription charges.

8.3.3 Urinary Tract Infection (UTI) PGD Service

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

At the time of the PNA review - this service had yet to be initiated but recruitment had commenced for the launch of the pilot service across community pharmacies in the North East and North Cumbria.

8.4 Non-Commissioned Services

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

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services identified in the Pharmacist PNA questionnaire included:

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

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

8.5 Collection and Delivery Services

In the Pharmacy questionnaire, almost all (27/32; 84%) pharmacies collect prescriptions from surgeries although generally this will be significantly less than in previous PNAs with the implementation of electronic prescribing across Primary care.

With the recent exception of the Local Enhanced Medicine Delivery Service, which was established in response to the Covid Pandemic, delivery of medicines is not currently a commissioned service provided by pharmacies. However, 80% of pharmacies responding to the survey indicated that they delivered dispensed medicines free of charge, with 20% indicating that they may charge for this service.

The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and for those requiring end of life

care or urgent medicines. In some cases, pharmacies stated that deliveries had to be restricted to these groups due to the limited resources available to provide this service.

In terms of customers, responses regarding delivery of medicines indicated:

"that the pharmacies could delivery slots available for disabled people"

"not to make assumptions about people having access to vehicles, to collect your own meds although you have requested delivery"

"Find the home delivery service extremely helpful due ill health and age. Thank you"

29% of respondents identified that the pharmacy delivery process had been included in the changes to the way in which they use pharmacy services since the Covid Pandemic. It is unclear from the information whether these changes were short term i.e. during isolation periods or a more permanent change to accessing pharmacy supplies.

Two of the services which customers find extremely useful are the prescription collection from the surgery and home delivery services.

8.6 Monitored Dosage Systems

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

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

NICE guidance NG67⁽⁴⁹⁾ published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that "use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out".

All of the pharmacies responding in the survey were found to provide medicines in MDS, sometimes free of charge (84%) or chargeable (16%).

At the time of renewing the PNA, work is ongoing to establish the use of a Reasonable Adjustment Flag (RAF) feature in the NHS electronic prescribing system to enable information to be input to help enable health and care professionals to record, share and view patients' key potential reasonable adjustments or more often related

considerations across the NHS; enabling staff and services to carry out their duty to provide assessments or adjustments when relevant criteria may be fulfilled.

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

9 Current and Future Pharmacist Role

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

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

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 substance misuse.

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

The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff and this has been further exacerbated by the demand for, and recruitment of, community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

10. Engagement and Consultation

10.1 Stakeholder engagement

10.1.1 Overview of Response to the Public Survey

An online survey was produced to enable people living in Sunderland to feed their views in to the PNA. 152 people responded to the survey and the full results of the survey can be found in appendix 5. 97% of respondents used pharmacies and of these 86% indicated they accessed a high street community pharmacy, with 10% accessing a supermarket pharmacy. Only 2% used on-line pharmacy services.

92% of respondents used Sunderland based community pharmacies and 94% of people used the same pharmacy all or most of the time, with location and opening hours being key factors in the choice of pharmacy. Generally, weekdays appeared to be more convenient to visit the pharmacy in comparison to Saturdays or Sundays. However, this may reflect the pharmacy opening hours and therefore availability of services. 48% reported using a car or taxi to get to the pharmacy, with 38% travelling on foot. 9% of respondents had their medicines delivered or collected by someone else.

The majority of respondents (86%) primarily used the pharmacy to collect dispensed medicines, with 71% using them to buy over-the-counter products. 48% of respondents had received advice from a pharmacy, 48% had used a pharmacy to collect covid testing kits and 37% used them to dispose of unwanted medicines.

In terms of ease of access to pharmacies as described, generally, people indicated that travel by foot, car or public transport was easy. Responses regarding access for disabilities indicated that respondents thought that there was adequate wheelchair access and parking facilities although 10% of people felt that provision was not adequate regarding wheelchair access and 22% regarding parking.

Most people were not aware whether the pharmacy could support patients with information in different languages or interpretation facilities.

The majority of respondents (76%) indicated that they had not changed the way they access their pharmacy services since the Covid pandemic. Of the 24% that indicated there had been changes, they described the main change as being that prescriptions are now issued electronically, the pharmacy delivering medicines and them phoning the pharmacy for advice rather than visiting in person.

10.1.2 Overview of Response to Pharmaceutical Service Providers Survey

A survey was made available via the PharmOutcomes system and circulated to all pharmacies in Sunderland, with support from the Local Pharmaceutical Committee. The full survey results can be found in Appendix 3

50% (32) of the pharmacies responded (28 40 hour pharmacies, 3 100 hour pharmacies and 1 distance selling pharmacy). With the exception of the distance

selling pharmacy, all pharmacies offered a consultation area within a closed area/room, and 27 of these included wheelchair access. 78% had handwashing facilities either in or close by to the consultation area. 78.1% of respondents dispensed all types of appliances.

Almost all of the pharmacies responding provided the new medicines service and the community pharmacy consultation service. 90% provided an influenza vaccination service, and the majority distributed lateral flow tests and provided the Pharmacy Pandemic Delivery Service of medicines to vulnerable people. However very few of the pharmacies responding provide a stoma appliance customisation service and none provided an appliance review service. More than half of respondents indicated their intention to engage with new services (the hypertension case finding service and the stop smoking advance service).

There was some variation in the provision of locally commissioned services, however it is important to note that only 50% of the community pharmacy contractors completed the questionnaire and that not all responses provided information regarding all the additional services. Therefore, although this information provides a useful insight, it does not reflect the full service delivery across the area.

84% of pharmacies stated that they collect prescriptions from surgeries and 81% deliver dispensed medicines free of charge (with some others charging for this service). The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and for those requiring end of life care or urgent medicines. In some cases, deliveries had to be restricted to these groups due to the limited resources available to provide this service.

Some pharmacies felt there was need for further locally commissioned services, including Covid boosters, diabetes type 2 glucose monitoring and support, blood cholesterol monitoring, funded provision of monitored dosage systems and a minor ailments scheme.

10.2 Formal consultation

The formal consultation on the draft PNA for Sunderland ran from 21st March 2022 to 22nd May 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

A total of 8 responses were received from community pharmacy providers, individual residents of Sunderland, NHSEI and Sunderland LPC. In addition, comments regarding the draft PNA raised at Sunderland Council Health and Wellbeing Scrutiny Committee were included as part of the consultation response.

In general, the consultation draft Pharmaceutical Needs Assessment 2022 was well received and supported with feedback which was generally positive. As a result of the consultation process a number of amendments were incorporated into the final PNA document with the agreement of the PNA Steering Group.

A detailed summary of the consultation process including a list of the stakeholders invited to contribute to the process, consultation questions posed, responses and further feedback to the PNA and the HWB response including a list of amendments made to the document is described in Appendix 7.

11 Summary of Findings

There are 60 community pharmacy services in Sunderland, being delivered by 56 standard contract (40 hour) pharmacies and 4 100 hour pharmacies, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation, which patients can visit in person. In addition, there are 3 distance selling pharmacies and 3 appliance contractors. There are no dispensing doctors' services in Sunderland.

Residents of Sunderland have good access to 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 benefits from two 100 hour pharmacies.

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies, often located in shopping centres or supermarkets are open for significantly longer. These pharmacies, along with the four 100 hour pharmacies provide extended and out of hours cover for pharmaceutical services across the city being open in weekday evenings and both Saturdays and Sundays. In total, 38 pharmacies open on Saturday mornings, with 15 remaining open on Saturday afternoons and evenings and 9 pharmacies open on Sundays, responding to the needs of the local population. Most localities have access to pharmacies in the evenings, with Sunderland West having less access on Sundays and no pharmacies being open in the weekday evenings or Saturday afternoons or any time on Sundays in the Coalfields area.

Since the 2018 PNA, two 40 hour pharmacies and one 100 hour pharmacy have closed in the Sunderland area and. One distance selling pharmacy has opened. However, there continues to be adequate pharmacy provision across the area and this does not require additional pharmacy provision through market entry.

A reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In addition, it is hoped that the new advanced services such as the NHS Community Pharmacist Consultation Service and the Hypertension case-finding service will be well supported by the community pharmacy providers in the Sunderland area.

Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies, emergency supply of palliative care medicines, intermediate stop smoking services, dispensing service for smoking cessation products, supervised consumption of opiate substitutes, needle exchange, emergency hormonal contraception and the Healthy Start Vitamin scheme. In addition, new services including the Think Pharmacy First minor ailment service

which is aimed at the supply of medicines made to patients who would not normally make an over-the-counter purchase.

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 make a valuable contribution to the objectives of the Healthy City Plan (Joint Health & Wellbeing Strategy) and engagement work shows that people value the services provided by their local community pharmacy.

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.

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

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, in particular with the development of the Primary Care networks and the integrated care system. These developments have included development of the pharmacist role in the healthcare system and is it important to ensure that community pharmacy continues to be integral to these developments. These changes seek to improve integration of services and provide increased hours of service. Medicine Optimisation approaches are and will continue to be used to effectively contribute to Sunderland's key health challenges.

The Sunderland economy of community pharmacies has been relatively stable since the last PNA, with no changes resulting in identification of gaps. However, it is not certain that this stability will continue and any changes occurring in the life of the PNA will need to be considered fully to ensure their impact is understood.

12 Statement of Pharmaceutical Needs Assessment

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

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced and locally commissioned services as described in this report
- 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. 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 weekday evenings. Though these wider opening hours are not classified as part of essential services, their availability in the locality could improve access and choice for the local population. This does not highlight a specific need for additional community pharmacies in the Coalfields locality though access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with Sunderland LPC and local pharmacies to review the potential of exploring an extended rota - should there be further evidence identifying specific need in this locality.
- 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.
- In addition to the four 100 hour pharmacies, a number of other pharmacy services, located in Shopping Centres and supermarkets, provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Sunderland. Should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of the LPC and local community pharmacies in this process would allow for local solutions to be explored.
- 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. We would wish to encourage community pharmacies to make greater use of these advanced services and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services in particular regarding the CPCS and the discharge medicine service.
- 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 and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.

- Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Sunderland and with other healthcare professional teams to increase engagement and interaction with services.
- 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.

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Appendix 1 – GP Practice Addresses

Neighbourhoods/ Networks	Code	Practice Name	Address Line 1	Address Line 2	Address Line 3	Post Code
Coalfields	A89004	HETTON GROUP PRACTICE	Hetton Medical Centre	Franics Way	Hetton-Le-Hole	DH5 9EZ
	A89009	HERRINGTON MEDICAL CENTRE	Philadelphia Lane	Houghton-le-Spring	Tyne and Wear	DH4 4LE
	A89021	KEPIER MEDICAL PRACTICE	Leyburn Grove	Houghton-le-Spring	Tyne and Wear	DH4 5EQ
	A89023	HOUGHTON MEDICAL GROUP	Chruch Street	Houghton-le-Spring	Tyne and Wear	DH4 4DN
	A89028	GRANGEWOOD SURGERY	Chester Road	Shiney Row	Houghton-le-	DH4 4RB
	A89030	WESTBOURNE MEDICAL GROUP	Kelso Grove	Shiney Row	Houghton-le-	DH4 4RW
Sunderland East	A89001	DEERNESS PARK*	Deerness Park Medical Centre	Suffolk Street	Sunderland	SR2 8AD
	A89002	DR S M BHATE & DR H EL-SHAKANKERY	Riverview Health Centre	Borough Road	Sunderland	SR1 2HJ
	A89005	VILLETTE SURGERY	Suffolk Street	Hendon	Sunderland	SR2 8AX
	A89013	THE NEW CITY MEDICAL GROUP	Tatham Street	Sunderland	Tyne and Wear	SR1 2QB
	A89018	ASHBURN MEDICAL CENTRE	74-75 Toward Road	Sunderland	Tyne and Wear	SR2 8JG
	A89034	PARK LANE PRACTICE	1-6 City Green	Sunderland	Tyne and Wear	SR2 7BA
	A89035	SOUTHLANDS MEDICAL GROUP	Ryhope Health Centre	Black Road	Ryhope	SR2 0RX
Sunderland North	A89008	RED HOUSE MEDICAL CENTRE	127 Renfrew Road	Sunderland	Tyne and Wear	SR5 5PS
	A89015	FULWELL MEDICAL CENTRE	Ebdon Lane	Fulwell	Tyne and Wear	SR6 8DZ
	A89016	ST BEDE MEDICAL CENTRE	Lower Dundas Street	Sunderland	Tyne and Wear	SR6 0QQ
	A89019	BRIDGE VIEW MEDICAL GROUP	Southwick Health Centre	The Green	Tyne and Wear	SR5 2LT
	A89036	CASTLETOWN MEDICAL CENTRE	6 The Broadway	Castletown	Tyne and Wear	SR5 3EX
	A89040	DR GELLIA & DR BALARAMAN	Monkwearmouth Health	Dundas Street	Tyne and Wear	SR6 0AB
Sunderland West 1	A89006	WEARISIDE MEDICAL PRACTICE	Pallion Health Centre	Hylton Road	Tyne and Wear	SR4 7XF
	A89007	PALLION FAMILY PRACTICE	Pallion Health Centre	Hylton Road	Tyne and Wear	SR4 7XF
	A89017	MILLFIELD MEDICAL GROUP	Millfield Surgery	63-83 Hylton Road	Tyne and Wear	SR4 7AF
	A89020	FORGE MEDICAL PRACTICE	Pallion Park	Pallion	Tyne and Wear	SR4 6QE
	A89031	HYLTON MEDICAL GROUP	Hylton Road	Sunderland	Tyne and Wear	SR4 7ZF
	A89623	CHESTER SURGERY	215 Chester Road	Sunderland	Tyne and Wear	SR4 7TU
Sunderland West 2	A89011	VILLAGE SURGERY	Silksworth Health Centre	Silksworth	Tyne and Wear	SR3 2AN
	A89024	THE BROADWAY MEDICAL PRACTICE	Springwell Health Centre	Springwell Road	Tyne and Wear	SR3 4HG
	A89027	SPRINGWELL MEDICAL GROUP	Alderman Jack Cohen	Springwell Road H/	Tyne and Wear	SR3 4HG
	A89032	NEW SILKSWORTH MEDICAL PRACTICE	Silksworth Health Centre	Silksworth	Tyne and Wear	SR3 2AN
	A89041	HAPPY HOUSE SURGERY	Durham Road	Sunderland	Tyne and Wear	SR3 4BY
	A89614	SOUTH HYLTON SURGERY	2 Union Street	South Hylton	Tyne and Wear	SR4 0LS
Washington	A89010	DR STEPHENSON & PARTNERS	Victoria Road Health Centre	Concord	Washington	NE37 2PU
	A89012	GALLERIES MEDICAL PRACTICE	The Galleries Health Centre	Washington		NE38 7NQ
	A89022	CONCORD MEDICAL PRACTICE	The Health Centre	Victoria Road	Washington	NE37 2PU
	A89025	MONUMENT SURGERIE SUNDERLAND GP ALLIANCE MEDICAL PRACTICE*	The Galleries Health Centre	Washington		NE38 7NQ
	A89026	NEW WASHINGTON MEDICAL GROUP	The Health Centre	Victoria Road	Washington	NE37 2PU
	A89616	RICKLETON MEDICAL CENTRE	Office Row	Rickleton	Washington	NE38 9EH
	A89617	IJ HEALTHCARE (HARRATON SURGERY) *	3 Swiss Cottages	Vigo Lane	Washington	NE38 9AB

* Practice more than one site (Branch Surgery)

Appendix 2 – Membership of Steering Committee

Ben Seale, Public Health Lead (Chair), Sunderland City Council, Sunderland City Council

Sheila Rundle, Public Health Intelligence Analyst (Needs Assessment), Sunderland City Council

Geraint Morris / Mark Stephenson, Chief Officer, Sunderland LPC

Mukarrom Hussain, Community Pharmacist, Public Health Lead for Sunderland LPC

Andrew Brown, Medicines Optimisation Pharmacist, Sunderland CCG

Paul Weddle / Anna Gillingham, Healthwatch Board member, Healthwatch Sunderland

Louise Darby, Senior Communications Officer, Sunderland City Council

Jackie Nixon, Public Health Practitioner, Sunderland City Council

Linda Boshier / Ken Youngman, NHS England

Karen Holman, Business Support Officer, Sunderland City Council

Sue White, Medicine Optimisation Pharmacist, North of England Care Support Unit

Lisa Dodd, Senior Transformation and Programme Manager, North of England Care Support Unit

Donna Bradbury, Transformation and Delivery Manager, North of England Care Support Unit

Appendix 3 - Sunderland PNA: Survey of Pharmaceutical Service Providers

When We Consulted

Dates: 17 December 2021 – 31 January 2022

How We Consulted and Who Responded

A survey was built on-line using the PharmOutcomes website and circulated to all Sunderland pharmacies with support from the Local Pharmaceutical Committee Members on the PNA Steering Group.

32 (50%) of the 64 pharmacies in Sunderland responded to the survey.

Responses included representation from the following pharmacy contract type;

- 40 hour core contract services 28
- 100 hour contract 3
- Distant selling pharmacy 1

Survey Results

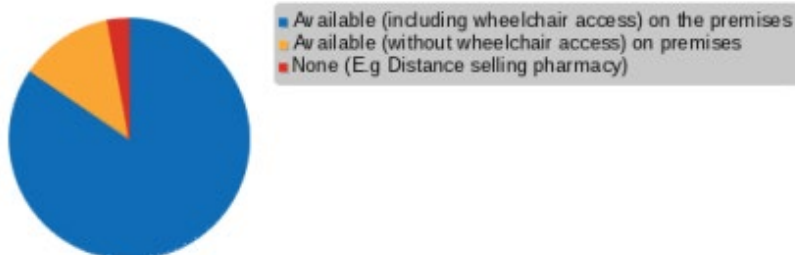
Consultation and facilities

Is there a consultation area?

Consultation Facilities

Analysis of Is there a consultation area?

On site consultation	Total
Available (including wheelchair access) on the premises	27 (84.4%)
Available (without wheelchair access) on premises	4 (12.5%)
Planned before 1st April 2023	0 (0%)
No consultation room available	0 (0%)
None, have submitted a request to NHSE&I that the premises are too small for a consultation room	0 (0%)
None, NHSE&I has approved my request that the premises are too small for a consultation room	0 (0%)
None (E.g Distance selling pharmacy)	1 (3.1%)
Other	0 (0%)



Consultation rooms must be clearly designated as a room for confidential conversations; distinct from the public areas of the pharmacy premises; and is a room where both the person

receiving the service and the person providing it can be seated together and communicate confidentially.

Most (27/32 - 84%) of the pharmacies responding to the survey indicated that they had a consultation area with wheelchair access on their premises.

A further 4(12.5%) responses indicated that there was a consultation area but not with wheelchair access.

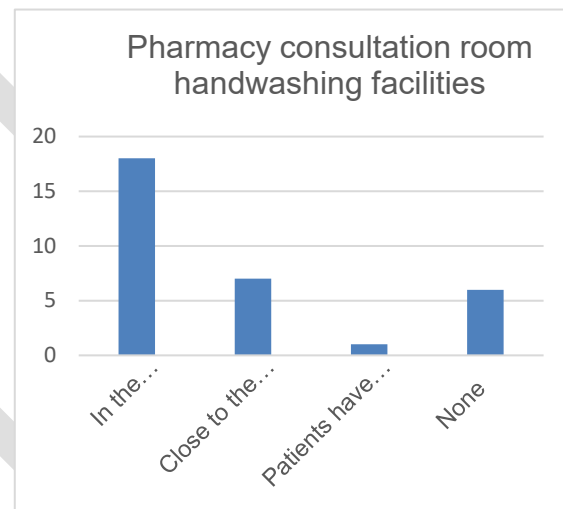
All responses indicated that the consultation areas were provided in a closed area/ room.

Note: distant selling pharmacies do not provide consultations on their premises as defined in their service provision.

In terms of consultation room hand washing facilities:

78% of pharmacies had handwashing facilities either in or close to the consultation area although 19% had no provision.

None of the pharmacies had current access to "off-site" consultation areas (i.e. one which the former PCT or NHS England and NHS Improvement local team has given consent to use) although almost half (47%) indicated that they would be willing to undertake consultations in patients home or other suitable sites.



Languages spoken (in addition to English)

The following languages spoken, in addition to English, were indicated as follows:

- Cantonese 1 store
- Urdu 1 store
- Punjabi 1 store
- Hindi 2 stores
- Gujarati 1 store
- Swahili 1 store
- Russian 1 store
- Lebanese 1 store

Services

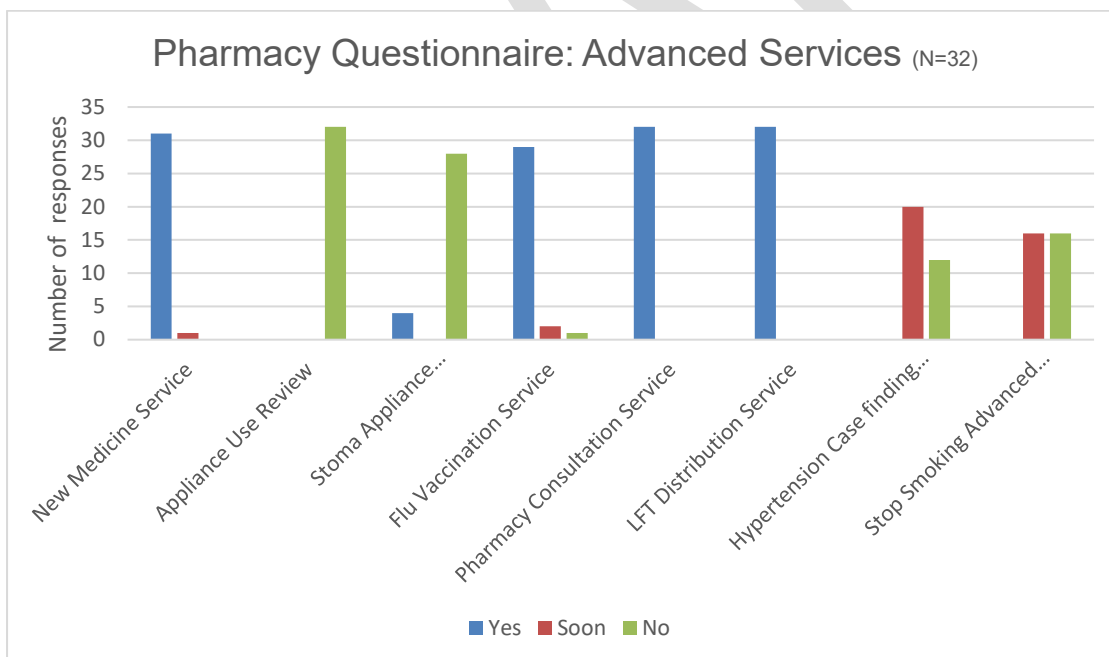
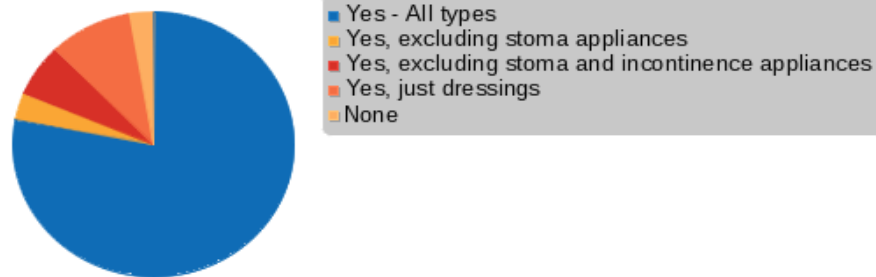
Essential services (Appliances)

Does the pharmacy dispense appliances?

Advanced Services

Analysis of Does the pharmacy dispense appliances?

Dispense appliances	Total
Yes - All types	25 (78.1%)
Yes, excluding stoma appliances	1 (3.1%)
Yes, excluding incontinence appliances	0 (0%)
Yes, excluding stoma and incontinence appliances	2 (6.3%)
Yes, just dressings	3 (9.4%)
None	1 (3.1%)
Other	0 (0%)



Very few of the pharmacies responding to the survey indicated that they provide a stoma appliance customisation service (4/32; 12.5%) and none provide appliance use review. However almost all provide the New Medicine Service (31/32; 96%) and the Community Pharmacy Consultation Service (32/32; 100%).

29/32; 90% of the pharmacies provided a Flu Vaccination Service, and the majority were involved in the Covid Pandemic response with distribution of Lateral Flow tests and the Pharmacy Pandemic Delivery Service of medicines to vulnerable people.

In addition, more than half of the pharmacies indicated their intention to engage with new services being introduced at the time of the survey, namely the Hypertension finding service and the Stop Smoking advanced service.

Locally Commissioned services

Do you provide these services?

Oversight of additional locally commissioned service provision by Community pharmacy services in Sunderland is summarised below. It is important to note that as only 50% of the community pharmacy contractors completed the questionnaire and that not all responses provided information regarding all sections regarding the additional services. Therefore, although this information provides an overview, it does not reflect the full service delivery across the area.

In addition, it is noted that some pharmacies are current providing services that other pharmacies indicate that they would be willing to provide if the service were commissioned. This suggests some variation in the knowledge of local services available to be provided across the area.

Do you provide these additional services?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned	Willing to provide a private service
Anticoagulant Monitoring Service	0	0	0	12	2
Antibiotic accessibility (Specialist)	0	1	0	17	3
Anti-viral Distribution Service	0	0	0	18	3
Care Home Service	2	0	0	11	2
C Card Distribution	2	3	3	16	1
Chlamydia Testing Service	1	3	6	13	2
Chlamydia Treatment Service	0	0	0	20	3
Contraception Service	0	0	0	21	5
DVT medications	0	0	0	16	2

Do you provide these Disease Specific Medicines Management Services?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned	Willing to provide a private service
Allergies	0	1	0	20	4
Alzheimer's/dementia	0	1	0	18	4
Asthma	0	1	0	22	4
CHD	0	0	0	18	4
COPD	0	1	0	21	4
Depression	0	1	0	19	4
Diabetes type I	0	1	0	19	4
Diabetes type II	0	0	0	20	4
Epilepsy	0	0	0	18	4
Heart Failure	0	1	0	19	4
Hypertension	0	1	0	21	4
Parkinson's disease	0	0	0	18	4
Emergency Hormonal Contraception Service	6	3	3	12	3
Emergency Supply Service	14	3	0	8	2
Gluten Free Food Supply Service	0	0	0	15	4
Healthy Start Vitamins	4	1	2	16	1
Home Delivery Service	10	0	0	8	3
Independent Prescribing Service	0	0	0	15	4
Language Access Service	0	0	0	11	
Medication Review Service	2	0	1	18	

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned	Willing to provide a private service
Medicines Assessment and Compliance Support Service	1	1	1	14	
Medicines Optimisation Service	0	0	1	18	
Minor Ailment Scheme	4	2	4	17	
MUR Plus/Medicines Optimisation Service	0	0	1	18	
Needle and Syringe Exchange Service	0	0	1	9	
Obesity management (adults and children)	1	0	1	19	
Not Dispensed Scheme	1	0	1	14	
On Demand Availability of Specialist Drugs Service	1	0	1	15	
Out of hours service	1	2	0	10	
Patient Group Direction Service	3	0	2	17	
Phlebotomy Service	0	0	1	12	
Prescriber Support Service	0	0	1	15	
Schools Service	0	0	1	15	

Do you provide these Screening Services?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned
Alcohol	0	0	1	16
Cholesterol	1	0	1	17
Diabetes	1	0	1	17

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned
Gonorrhoea	0	0	1	17
H. pylori	0	0	1	16
HbA1C	0	0	1	16
Hepatitis	0	0	0	14
HIV	0	0	0	14

Do you provide these vaccinations?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned
Seasonal Influenza Vaccination Service	26	1	0	1
Childhood vaccinations	0	0	1	15
COVID-19 vaccinations	2	0	1	16
HPV	0	0	1	16
Hepatitis	0	0	1	16
Meningococcal vaccinations	0	0	1	16
Pneumococcal vaccinations	4	0	1	15
Analysis of Travel vaccines	0	0	1	16
Sharps Disposal Service	1	0	1	13

Do you provide these other locally commissioned services?

Baseline: 32 responses

	Currently providing NHS funded service	Currently providing under CCG	Currently providing under Local Authority	Willing to provide if commissioned
Stop Smoking Service (NRT Voucher)	11	5	3	6
Stop Smoking Service (Varenicline)	6	2	1	9
Supervised Administration Service	12	4	3	2
Fidaxomicin Supply	0	1	0	13

Non-commissioned services

Does the pharmacy provide any of the following?

Non-commissioned services

Analysis of Collection of prescriptions from GP practices

PCS Total	
Yes	27 (84.4%)
No	5 (15.6%)



Almost all (27/32; 84%) pharmacies collect prescriptions from surgeries although generally this will be significantly less than in previous PNAs with the implementation of electronic prescribing across Primary care.

Analysis of Delivery of dispensed medicines - Free of charge on request

Del free Total	
Yes	26 (81.3%)
No	6 (18.8%)



26/32; 81% of pharmacies deliver dispensed medicines free of charge with some pharmacies charging for this service.

The patient groups that the pharmacies generally provided this service for included those who were housebound, elderly and vulnerable and for those

requiring end of life care or urgent medicines

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

Analysis of Monitored Dosage Systems - With charge

MonDosSys-Witcha	Total
Yes	5 (15.6%)
No	27 (84.4%)



5/32; 16% of the pharmacies indicated that they would charge for the provision of medicines in monitored dosage systems, whereas 27/32; 84% would provide these free of charge.

Is there a particular need for a locally commissioned service in your area? If so, what is the

service requirement and why?

10 pharmacies indicated that they felt that there was a need for further locally commissioned services in the area listing the following as possible service requirements:

- Covid boosters - suggested by 2 respondents
- Diabetes type 2 glucose monitoring and support
- Blood Cholesterol monitoring
- Funded provision of MDS
- Minor Ailment schemes - suggested by 7 respondents

It is of note that some of these suggestions are included in future planning for nationally and locally commissioned services, notably:

- Covid booster vaccinations: Community pharmacy local enhanced service (COVID-19 vaccination programme: phase 3 2021/22 commenced January 2022)
- Minor Ailments Scheme: Integrated Care Winter access services locally commissioned service January 2022.

Appendix 4 – Equality Impact Assessment

The PNA seeks to analyse access to pharmacy services for all sectors of the population, with an emphasis on informing activities to meet the needs of the residents of Sunderland, with particular regard to protected characteristics, as defined by the Equality Act 2010. Potential impacts are outlined below.

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	✓			Health needs and services relating to pregnancy and maternity specifically considered e.g. emergency contraception, C Card, Healthy Start Vitamins.
Race		✓		Neither negative or positive.
Religion or belief		✓		Neither negative or positive.
Sex	✓			Pharmacies can provide opportunities to make health services more accessible.

Characteristic	Level of Impact			Comments
	Positive	Neutral	Negative	
				Health needs and services for women specifically considered e.g. emergency contraception.
Sexual Orientation		✓		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 people of all ages;
- Consideration of the needs and access to services for those in deprived communities;
- The possibility of improving pharmacy services for the local population;

Appendix 5 - Community Engagement Questionnaire

Survey of Pharmacy Customers/Public

When We Consulted

12/01/2022 to 01/02/2022.

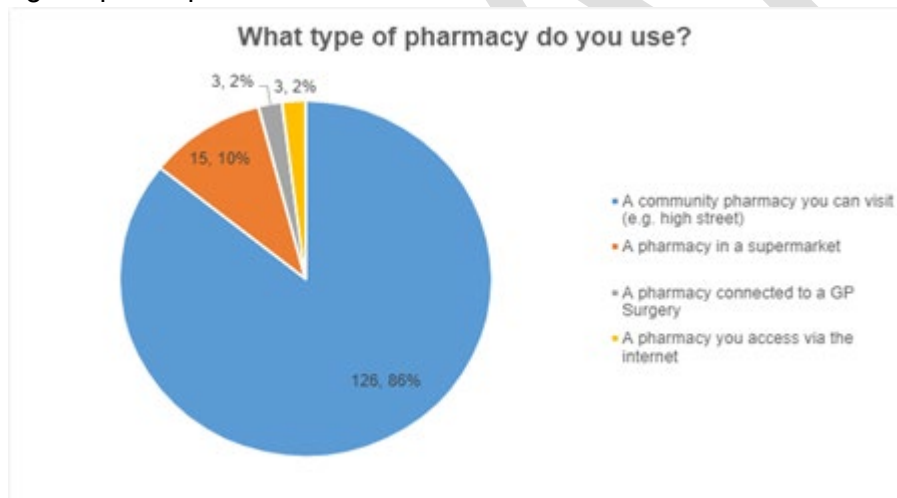
How We Consulted and Who Responded

An electronic survey was produced and initially tested via Healthwatch and other members of the PNA Steering Group. The on-line survey was then made accessible via the Council's website and promoted on behalf of Sunderland Health and Wellbeing Board by asking people living in Sunderland to help improve local pharmacy services by answering a few questions about the way they use pharmacies. It was explained that the responses would help to understand the needs of people in Sunderland and develop a comprehensive PNA for the city. The PNA will help to map out pharmacies and the services they offer and ensure they are able to meet local needs.

152 people responded to the survey.

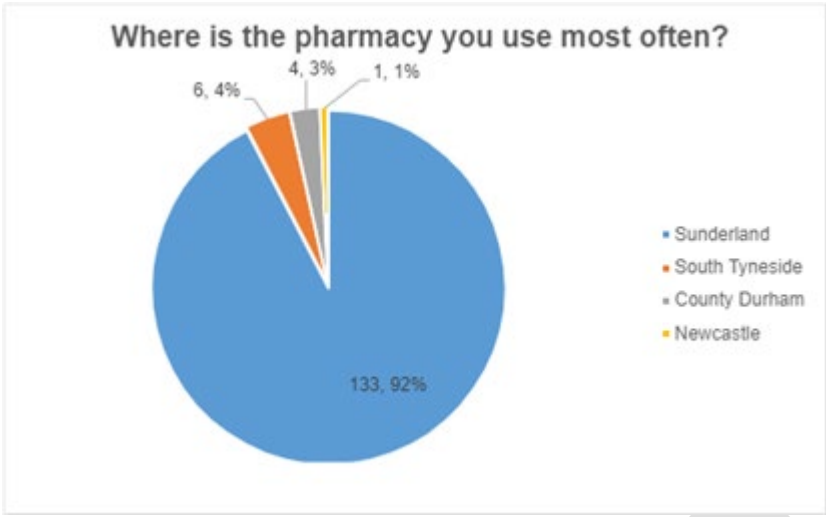
Survey Results

Most respondents (147 people, 97% respondents) stated that they do use pharmacies. Of the 5 that didn't use pharmacies, they indicated that they didn't have a need or were not on any regular prescriptions.

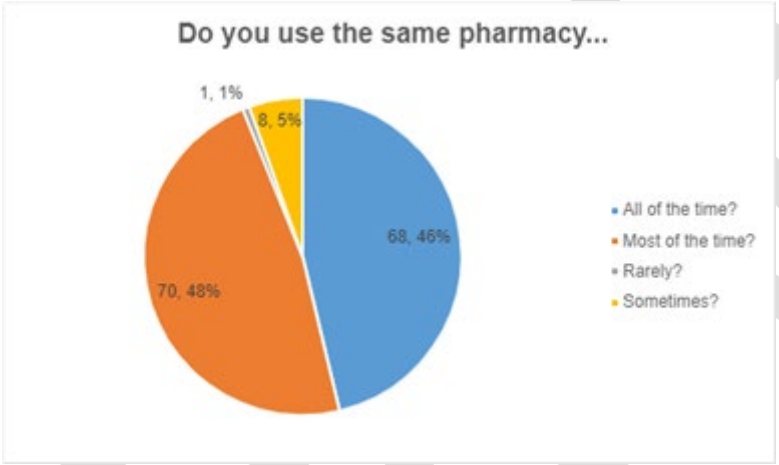


Of those that did use pharmacy services, the majority (86%) indicated that they accessed a community pharmacy on the high street or in a supermarket (10%) with only 2% indicating that they would use on-line pharmacy services.

92% of the respondents indicated that they would use Sunderland based community pharmacy services with others using pharmacies in neighbouring HWB areas.



The majority (94%) of people indicated that they used the same pharmacy all or most of the time



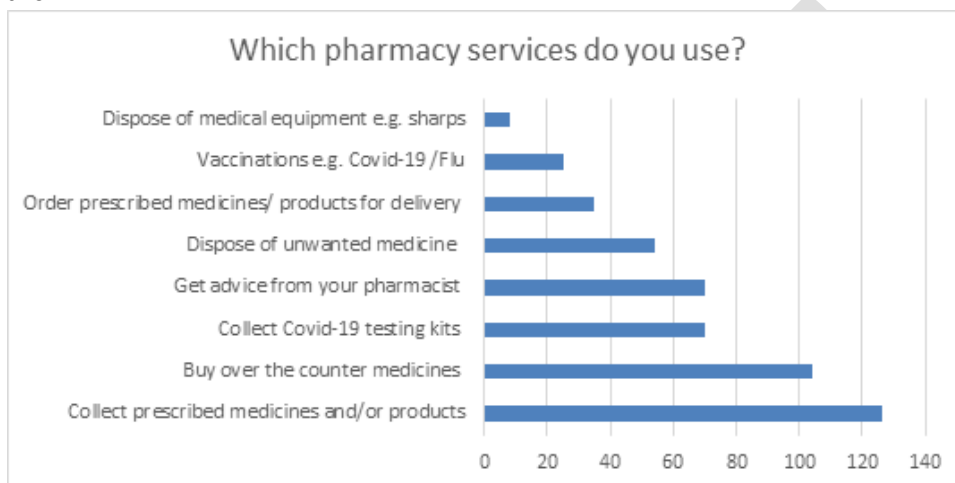
Respondents indicated that the main reason for choice of which pharmacy respondents use most often indicated that the convenience of location was the primary reason with helpful staff and convenient opening hours also featuring as key factors.



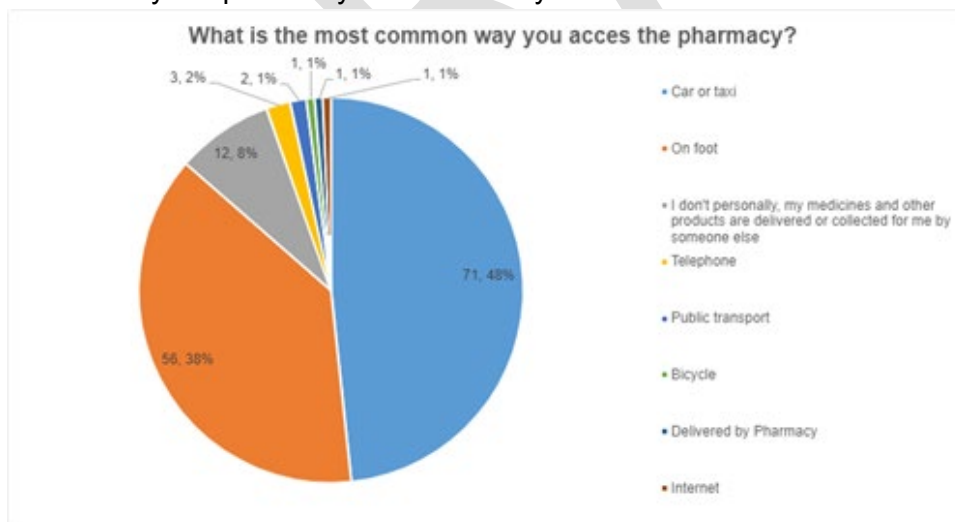
Other reasons given to the choice of pharmacy usually accessed include that the pharmacy was attached to or next to the GP practice, that the pharmacy is visited when the person does their shopping, that they work there and availability of supply of covid testing kits.

The majority (86%) of respondents indicated that they primarily used the pharmacy to collect dispensed medicines and other prescribed items and 71% to buy over-the-counter products. 48% of respondents indicated that they received advice from the pharmacy and 37% to dispose of unwanted medicines. due to the timing of the questionnaire, 48% also indicated that they used their pharmacy to access covid testing kits.

One additional comment identified that *"I've asked the pharmacy to go through new meds prescribed as the GP didn't explain what they were for and side effects. I didn't collect any of them"*



When asked how people usually travel to the pharmacy, the majority of people indicated that they travelled by car or taxi (48%) or on foot (38%) with 9% of people having their medicines delivered by the pharmacy or collected by someone else.

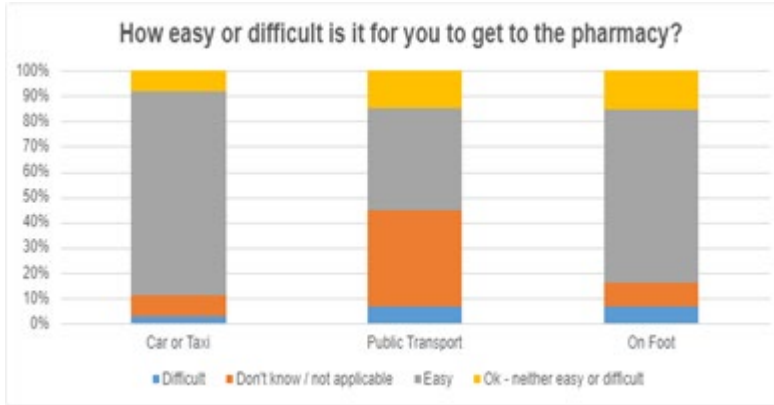


When travelling to the pharmacies:

- People generally took up to 10 minutes to walk to their pharmacies, although 2 people indicated that it took more than 20 minutes to walk.
- Those travelling by car/ taxi indicated that the journey took under 10 minutes to drive with none stating that this took more than 20 minutes
- Travel by public transport took more than 5 minutes but not more than 20 minutes.

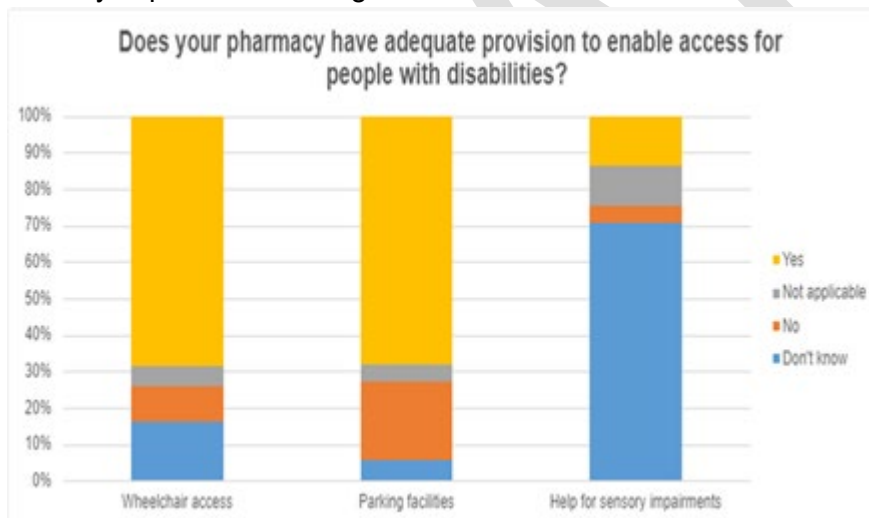
- One person indicated that they cycled to the pharmacy taking about 15 minutes.

In terms of ease of access to pharmacies as described, generally, people indicated that travel by foot, car or public transport was easy although some people did identify that all modes of transport were more challenging.



Responses regarding access for disabilities indicated that respondents thought that there was adequate wheelchair access and parking facilities although 10% people felt that provision was not adequate regarding wheelchair access and 22% regarding parking.

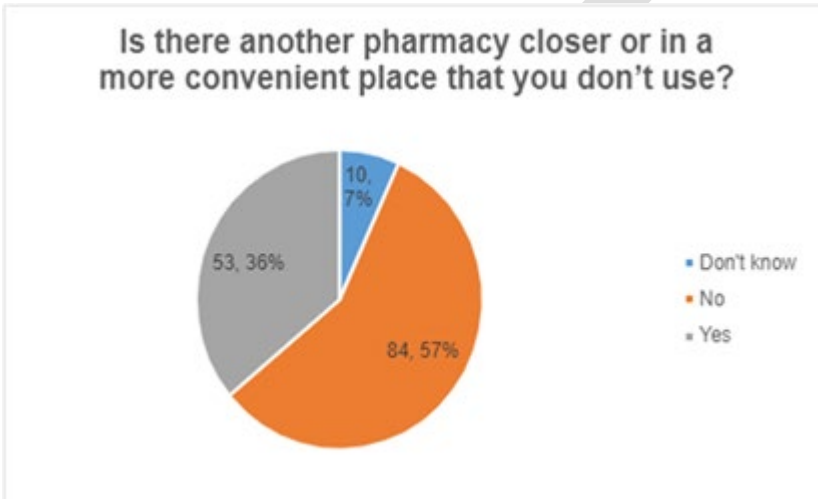
The majority (71%) of respondents did not know whether the pharmacy provided support for sensory impairment although 14% felt this was available.



Most people were not aware whether the pharmacy could support patients with information in different languages or interpretation facilities.



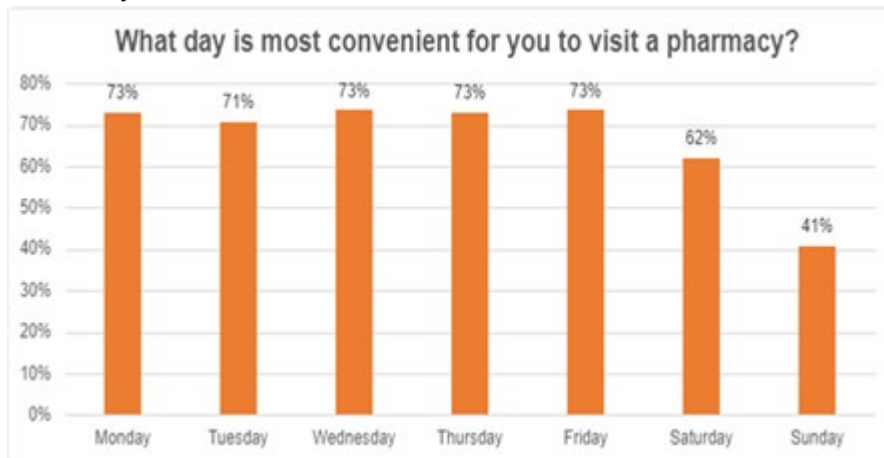
In terms of selection of which pharmacy people accessed, only 57% of people responding to the survey indicated that there was a pharmacy closer or in a more convenient place other than the one that they usually use.



In terms of times of the day to visit the pharmacy, afternoons were identified as being slightly more convenient (59%) than mornings (56%) and evenings (52%).



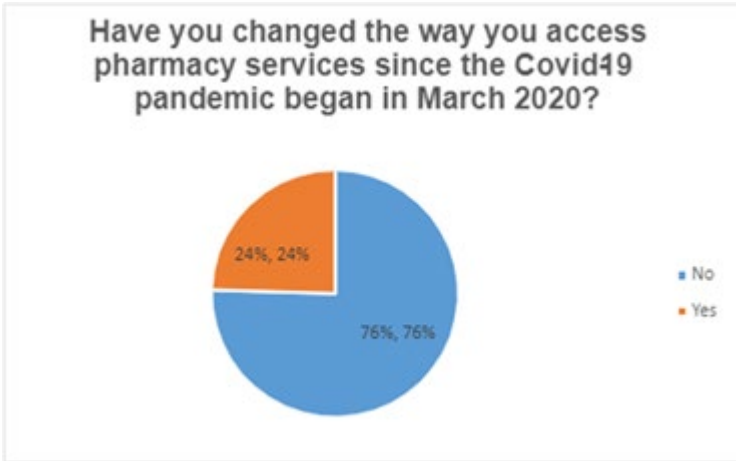
Generally, weekdays appeared to be more convenient to visit the pharmacy in comparison to Saturdays or Sundays. However, this may reflect the pharmacy opening hours and therefore availability of services.



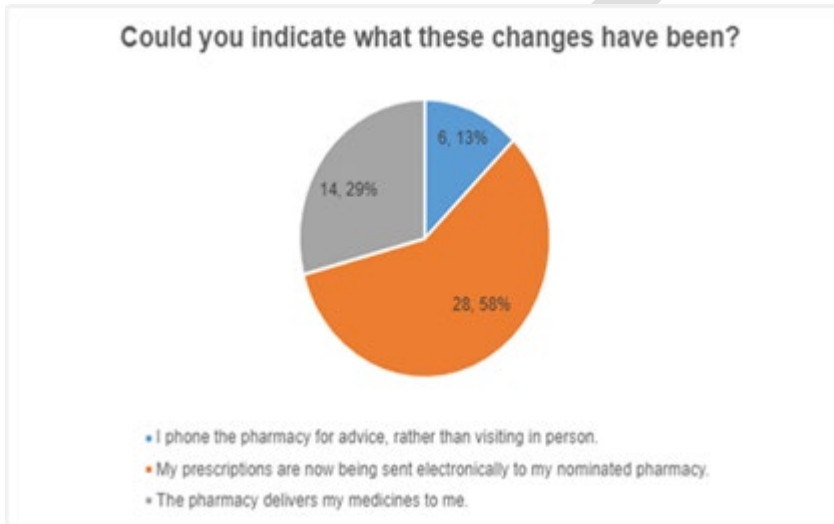
When asked, only 16% of respondents indicated that in the last 12 months they had tried to use their local pharmacy and found it was closed. In response to finding the pharmacy was closed, the majority of people returned later with some people choosing to visit an alternative pharmacy (23%) and 9% calling NHS 111 service for further advice. Of concern was that one person indicated that they "went without until they could get a supply"



The majority of respondents (76%) indicated that they had not changed the way they access their pharmacy services since the Covid pandemic.



Of the 24% that indicated there had been changes, they described the main change as being that prescriptions are now issued electronically, the pharmacy delivering medicines and them phoning the pharmacy for advice rather than visiting in person.

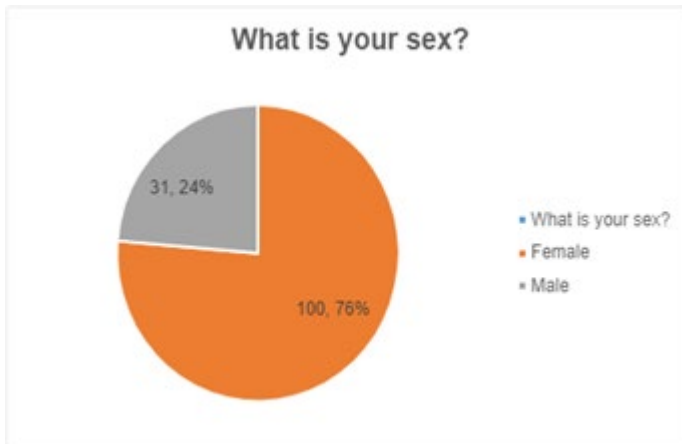


There was a mixed response in terms of whether people thought that the new ways of working as a result of covid 19 improved the service they received from pharmacies with 53% thinking that these were improvements but 17% stating "no" and 30% being unsure.

Responses were supported with the following statements:

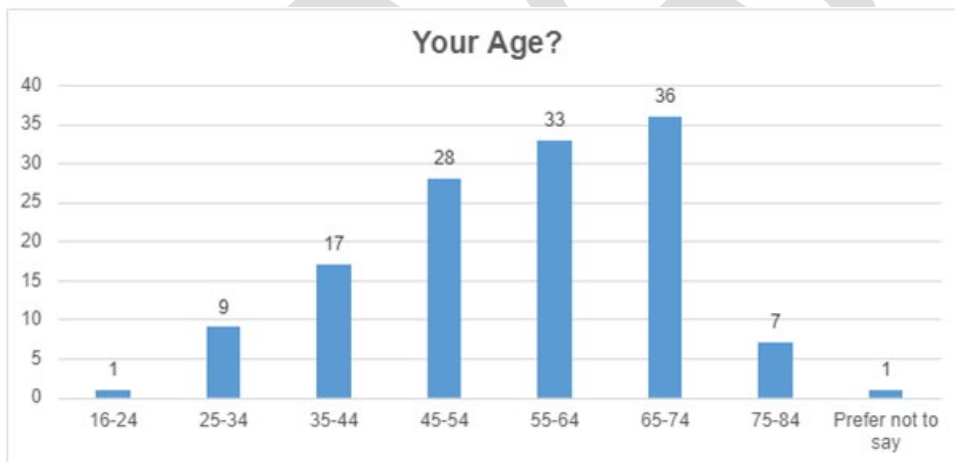
- They are a lot more organised; they have more staff available to answer questions.
- While we are in a Pandemic, I am minimising all contacts and I have tried to get routine repeat prescriptions delivered. This was difficult to secure due to demand exceeding capacity early on but has now improved significantly.
- Praise for pharmacy staff, as they adapt to new challenges
- I am very pleased to be able to have my prescriptions sent electronically to the pharmacy.
- It is convenient to collect medication if visiting the GP but not the most convenient if picking up repeat medications. Also as pharmacy deals with so many prescriptions from all the GPs there is often long waits.

Characteristics of respondents:



Which ethnic group best describes you?

White	126
Asian or Asian British	2
Mixed/Multiple ethnic groups	1
Other Ethnic Group	1
Prefer not to say	1



Appendix 6 – Pharmacy addresses

Locality	Pharmacy Name	Trading Name and Address	Category	Opening Hours
Coalfields	G Whitfield Limited	1a Church Street Houghton-le-Spring DH4 4DN	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-12:30 Sunday: Closed
Coalfields	T.S.C. Dobbin Limited	Herrington Medical Centre Sunderland Philadelphia Lane DH4 4LE	40 Hour Pharmacy	Monday: 08:45-12:30; 13:30-18:00 Tuesday: 08:45-12:30; 13:30-18:00 Wednesday: 08:45-12:30; 13:30-18:00 Thursday: 08:45-12:30; 14:00-17:30 Friday: 08:45-12:30; 13:30-18:00 Saturday: Closed Sunday: Closed
Coalfields	Boots UK Limited	Grangewood Surgery, Chester Road Shiney Row Sunderland DH4 4RB	40 Hour Pharmacy	Monday: 08:30-13:00; 14:00-18:00 Tuesday: 08:30-13:00; 14:00-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-13:00; 14:00-18:00 Friday: 08:30-18:00 Saturday: 09:00-12:00 Sunday: Closed
Coalfields	Frank Jones (Chemist) Limited	Kepier Medical Practice Leyburn Grove Houghton-le-Spring DH4 5EQ	40 Hour Pharmacy	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: Closed Sunday: Closed
Coalfields	R. Whitfield Limited	53 Front Street Chilton Moor Houghton-le-Spring DH4 6LP	40 Hour Pharmacy	Monday: 09:00-12:30; 14:00-18:00 Tuesday: 09:00-12:30; 14:00-18:00 Wednesday: 09:00-12:30; 14:00-18:00 Thursday: 09:00-12:30; 14:00-17:00 Friday: 09:00-12:30; 14:00-18:00 Saturday: 09:00-12:30 Sunday: Closed
Coalfields	J S Locum Services Limited	36 Avondale Avenue Penshaw Houghton-le-Spring DH4 7QS	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00 - 13:00 Sunday: Closed

Coalfields	Core Pharma Limited	31 Queensway Houghton-le-Spring DH5 8EL	40 Hour Pharmacy	Monday: 08:00-18:30 Tuesday: 08:00-18:30 Wednesday: 08:30-19:30 Thursday: 08:30-18:30 Friday: 08:30-18:30 Saturday: 08:30-12:00 Sunday: Closed
Coalfields	G Whitfield Limited	The Health Centre Pharmacy Francis Way, Hetton le Hole Houghton-le-Spring	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
Coalfields	G Whitfield Limited	5 Front Street Hetton-le-Hole Houghton-le-Spring DH5 9PE	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-17:00 Friday: 09:00-18:00 Saturday: 09:00-13:00 Sunday: Closed
Coalfields	Frank Jones (Chemist) Limited	Hopes Pharmacy 49 Newbottle Street Houghton-le-Spring DH4 4AR	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-13:00 Sunday: Closed
Coalfields	R. Whitfield Limited	93 High Street Easington Lane Houghton-le-Spring DH5 0JR	40 Hour Pharmacy	Monday: 09:00-12:30; 14:00-18:00 Tuesday: 09:00-12:30; 14:00-18:00 Wednesday: 09:00-12:30; 14:00-18:00 Thursday: 09:00-12:30; 14:00-17:00 Friday: 09:00-12:30; 14:00-18:00 Saturday: 09:00-12:30 Sunday: Closed
East	Norchem Healthcare Limited	Mccarthy's Pharmacy Saville House 1-2 Saville Place Sunderland SR1 1PA	40 Hour Pharmacy	Monday: 08:30 - 18:00 Tuesday: 08:30 - 18:00 Wednesday: 08:30 - 18:00 Thursday: 08:30 - 18:00 Friday: 08:30 - 18:00 Saturday: 9:00 - 13:00 Sunday: Closed
East	Storeys DDR Ltd	Riverview Health Centre, Borough Road Hendon Sunderland SR1 2HJ	40 Hour Pharmacy	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
East	Superdrug Stores Plc	Superdrug Pharmacy Unit 3, 37 Walworth Way The Bridges Sunderland SR1 3LB	40 Hour Pharmacy	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-17:30 Friday: 08:30-17:30 Saturday: 09:00-17:30 Sunday: Closed
East	Boots UK Limited	Boots UK Limited 45 The Bridges Shopping Centre Sunderland SR1 3LF	40 Hour Pharmacy	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-20:00 Friday: 08:30-17:30 Saturday: 08:30-17:30 Sunday: 11:00-17:00

East	Boots UK Limited	Boots UK Limited Units 2-3 Park Lane Sunderland SR1 3NX	40 Hour Pharmacy	Monday: 08:00 - 17:30 Tuesday: 08:00 - 17:30 Wednesday: 08:00 - 17:30 Thursday: 08:00 - 17:30 Friday: 08:00 - 17:30 Saturday: 08:00 - 17:30 Sunday: Closed
East	G.W. Herdman (Chemists) Limited	29 Ryhope Street South Ryhope Sunderland SR2 0RP	40 Hour Pharmacy	Monday: 08:00-17:00 Tuesday: 08:00-17:00 Wednesday: 08:00-17:00 Thursday: 08:00-17:00 Friday: 08:00-17:00 Saturday: 09:00-12:00 Sunday: Closed
East	G.W. Herdman (Chemists) Limited	Ryhope Customer Service Centre Black Road, Ryhope Sunderland SR2 0RX	40 Hour Pharmacy	Monday: 08:30-13:00; 13:30-18:00 Tuesday: 08:30-13:00; 13:30-18:00 Wednesday: 08:30-13:00; 13:30-18:00 Thursday: 08:30-13:00; 13:30-18:00 Friday: 08:30-13:00; 13:30-18:00 Saturday: Closed Sunday: Closed
East	Valemed Limited	Leema Pharmacy 91 Tunstall Road Sunderland SR2 7RW	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-18:00 Sunday: Closed
East	Medichem Limited	50 Suffolk Street Hendon Sunderland SR2 8NE	40 Hour Pharmacy	Monday: 08:45-17:45 Tuesday: 08:45-17:45 Wednesday: 08:45-17:45 Thursday: 08:45-17:45 Friday: 08:45-17:45 Saturday: Closed Sunday: Closed
East	Medichem Limited	1 Laburnum Cottage Robinson Terrace Sunderland SR2 8PB	40 Hour Pharmacy	Monday: 09:00-13:00; 14:00-18:00 Tuesday: 09:00-13:00; 14:00-18:00 Wednesday: 09:00-13:00; 14:00-18:00 Thursday: 09:00-13:00; 14:00-18:00 Friday: 09:00-13:00; 14:00-18:00 Saturday: Closed Sunday: Closed
East	Medichem Limited	68 Vilette Road Sunderland SR2 8RW	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
East	Asda Stores Limited	Asda Pharmacy Leechmere Road Industrial Estate Grangetown Sunderland SR2 9TT	40 Hour Pharmacy	Monday: 08:00-12:30; 13:30-21:00 Tuesday: 08:00-12:30; 13:30-22:00 Wednesday: 08:00-12:30; 13:30-22:00 Thursday: 08:00-12:30; 13:30-22:00 Friday: 08:00-12:30; 13:30-22:00 Saturday: 08:00-12:30; 13:30-22:00 Sunday: 10:00-12:30; 13:30-16:00
East	Demnox Ltd	Demnox Pharmacy 1 William Doxford Centre Doxford Park Shopping Centre Sunderland SR3 2NE	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-14:00 Sunday: Closed

East	The Finney Pharma Ltd	Finney Pharmacy 84 Ryhope Road Sunderland SR2 9QE	Distance selling	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
East	Noor Pharma North East Ltd	Innovation Pharmacy Unit 8b Carrmere Road Leechmere Industrial Estate Sunderland SR2 9TW	Distance selling	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-13:00 Sunday: Closed
North	Gorgemead Limited	Cohens Chemist 14 The Green Southwick Sunderland SR5 2JE	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-12:00 Sunday: Closed
North	Norchem Healthcare Limited	Davy's Pharmacy 2 Ethel Terrace Castletown Sunderland SR5 3BQ	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-13:00 Sunday: Closed
North	Lloyds Pharmacy Limited	Lloydspharmacy Wessington Way Sunderland SR5 3JG	40 Hour Pharmacy	Monday: 08:00-20:00 Tuesday: 08:00-20:00 Wednesday: 08:00-20:00 Thursday: 08:00-20:00 Friday: 08:00-20:00 Saturday: 08:00-20:00 Sunday: 10:00-16:00
North	Avicenna Retail Ltd	Hylton Castle Pharmacy 22-23 Chiswick Square Hylton Castle Sunderland SR5 3PZ	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-13:00 Sunday: Closed
North	Avicenna Retail Ltd	Bunny Hill Pharmacy Customer Service Centre Bunnyhill, Hylton Lane Sunderland SR5 4BW	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
North	G Hughes (North East) Limited	Redhouse Pharmacy 127 Renfrew Road, Red House Sunderland SR5 5PS	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
North	Avenue Pharmacy (Sunderland) Limited	Avenue Pharmacy 81 Dundas Street Sunderland SR6 0AY	40 Hour Pharmacy	Monday: 09:00-12:30; 13:30-18:00 Tuesday: 09:00-12:30; 13:30-18:00 Wednesday: 09:00-12:30; 13:30-18:00 Thursday: 09:00-12:30; 13:30-17:30 Friday: 09:00-12:30; 13:30-18:00 Saturday: Closed Sunday: Closed

North	Bestway National Chemists Limited	Well 79-80 Dundas Street Sunderland SR6 0BB	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
North	Avenue Pharmacy (Sunderland) Limited	Avenue Pharmacy 53 Lower Dundas Street Monkwearmouth Sunderland SR6 0BD	100 Hour Pharmacy	Monday: 07:00 - 22:00 Tuesday: 07:00 - 22:00 Wednesday: 07:00 - 22:00 Thursday: 07:00 - 22:00 Friday: 07:00 - 22:00 Saturday: 07:00 - 22:00 Sunday: 08:00 - 18:00
North	Avenue Pharmacy (Sunderland) Limited	Avenue Pharmacy 50 Roker Avenue Sunderland SR6 0HT	40 Hour Pharmacy	Monday: 09:00-13:00; 14:00-18:00 Tuesday: 09:00-13:00; 14:00-18:00 Wednesday: 09:00-13:00; 14:00-18:00 Thursday: 09:00-13:00; 14:00-18:00 Friday: 09:00-13:00; 14:00-18:00 Saturday: Closed Sunday: Closed
North	Avicenna Retail Ltd	Sea Road Pharmacy 5 Sea Road Fulwell Sunderland SR6 9BP	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 9:00-17:00 Sunday: Closed
North	Lloyds Pharmacy Limited	Lloyds Pharmacy 8 Sea Road Fulwell Sunderland SR6 9BX	40 Hour Pharmacy	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: 09:00-12:00 Sunday: Closed
Washington	Lloyds Pharmacy Limited	1 Heworth Road Concord Sunderland NE37 2PY	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
Washington	Boots UK Limited	12 Arndale House Washington NE37 2SW	40 Hour Pharmacy	Monday: 08:30-12:00; 13:00-17:30 Tuesday: 08:30-12:00; 13:00-17:30 Wednesday: 08:30-12:00; 13:00-17:30 Thursday: 08:30-12:00; 13:00-17:30 Friday: 08:30-12:00; 13:00-17:30 Saturday: 08:30-12:00; 13:00-17:00 Sunday: Closed
Washington	Blue House Retail Limited	Blue House Lane Washington NE37 2TE	100 Hour Pharmacy	Monday: 07:00-22:00 Tuesday: 07:00-22:00 Wednesday: 07:00-22:00 Thursday: 07:00-22:00 Friday: 07:00-22:00 Saturday: 07:00-20:00 Sunday: 08:00-20:00

Washington	Asda Stores Limited	Washington Centre Washington NE38 7NF	100 Hour Pharmacy	Monday: 08:00-23:00 Tuesday: 07:00-23:00 Wednesday: 07:00-23:00 Thursday: 07:00-23:00 Friday: 07:00-23:00 Saturday: 07:00-22:00 Sunday: 10:00-16:00
Washington	Boots UK Limited	Unit 80 The Galleries Washington NE38 7RT	40 Hour Pharmacy	Monday: 08:00-18:00 Tuesday: 08:00-18:00 Wednesday: 08:00-18:00 Thursday: 08:00-18:00 Friday: 08:00-18:00 Saturday: 08:00-17:30 Sunday: 10:00-16:00
Washington	Lloyds Pharmacy Limited	Within the entrance to the Library, The Galleries Independence Square Washington NE38 7SS	40 Hour Pharmacy	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: 10:00-14:00 Sunday: Closed
Washington	Lloyds Pharmacy Limited	Westerhope Road Barmston Sunderland NE38 8JF	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-17:30 Friday: 09:00-18:00 Saturday: Closed Sunday: Closed
Washington	J. Dinning (Woodlands) Limited	Vigo Lane, Rickleton Village Washington NE38 9EJ	40 Hour Pharmacy	Monday: 08:30-18:00 Tuesday: 08:30-18:00 Wednesday: 08:30-18:00 Thursday: 08:30-18:00 Friday: 08:30-18:00 Saturday: Closed Sunday: Closed
West	Edward Chaston Limited	Chastons Pharmacy Vane House, Vane Street New Silksworth Sunderland SR3 1EJ	40 Hour Pharmacy	Monday: 09:00-12:15; 13:45-17:30 Tuesday: 09:00-12:15; 13:45-17:30 Wednesday: 09:00-12:15; 13:45-18:00 Thursday: 09:00-12:15; 13:45-18:00 Friday: 09:00-12:15; 13:45-18:00 Saturday: 09:00-12:30 Sunday: Closed
West	Lloyds Pharmacy Limited	Lloydspharmacy Silksworth Lane Silksworth Sunderland SR3 1PD	40 Hour Pharmacy	Monday: 08:00-21:00 Tuesday: 08:00-21:00 Wednesday: 08:00-21:00 Thursday: 08:00-21:00 Friday: 08:00-21:00 Saturday: 08:00-20:00 Sunday: 10:00-16:00
West	Edward Chaston Limited	1 Silksworth Terrace New Silksworth Sunderland SR3 2AT	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-18:00 Friday: 09:00-18:00 Saturday: 09:00-12:30 Sunday: Closed
West	Norchem Healthcare Limited	Snowdon's Pharmacy 44-46 Sunningdale Road Springwell Sunderland SR3 4ES	40 Hour Pharmacy	Monday: 09:00 - 18:00 Tuesday: 09:00 - 18:00 Wednesday: 09:00 - 18:00 Thursday: 09:00 - 17:30 Friday: 09:00 - 18:00 Saturday: 09:00 - 12:30 Sunday: Closed

West	Boots UK Limited	Boots UK Limited Alderman Jack Cohen Health Centre Springwell Road Sunderland SR3 4HG	40 Hour Pharmacy	Monday: 08:15-18:15 Tuesday: 08:15-18:15 Wednesday: 08:15-18:15 Thursday: 08:15-18:15 Friday: 08:15-18:15 Saturday: Closed Sunday: Closed
West	E & C Ho Limited	South Hylton Pharmacy 1 Union Street South Hylton Sunderland SR4 0LS	40 Hour Pharmacy	Monday: 09:00-13:00; 14:00-18:00 Tuesday: 09:00-13:00; 14:00-18:00 Wednesday: 09:00-13:00; 14:00-18:00 Thursday: 09:00-13:00; 14:00-18:00 Friday: 09:00-13:00; 14:00-18:00 Saturday: Closed Sunday: Closed
West	L Rowland & Company (Retail) Limited	Rowlands Pharmacy Mill Street Sunderland SR4 7BG	40 Hour Pharmacy	Monday: 09:00-13:00; 13:20-18:00 Tuesday: 09:00-13:00; 13:20-18:00 Wednesday: 09:00-13:00; 13:20-18:00 Thursday: 09:00-13:00; 13:20-18:00 Friday: 09:00-13:00; 13:20-18:00 Saturday: Closed Sunday: Closed
West	Avicenna Retail Ltd	Greens Pharmacy 149 Chester Road Sunderland SR4 7HS	40 Hour Pharmacy	Monday: 09:00-18:00 Tuesday: 09:00-18:00 Wednesday: 09:00-18:00 Thursday: 09:00-17:30 Friday: 09:00-18:00 Saturday: 09:00-17:30 Sunday: Closed
West	L Rowland & Company (Retail) Limited	Rowlands Pharmacy 189 Chester Road, Sunderland SR4 7JA	40 Hour Pharmacy	Monday: 09:00-13:30; 13:50-18:00 Tuesday: 09:00-13:30; 13:50-18:00 Wednesday: 09:00-13:30; 13:50-18:00 Thursday: 09:00-13:30; 13:50-18:00 Friday: 09:00-13:30; 13:50-18:00 Saturday: Closed Sunday: Closed
West	Avicenna Retail Ltd	Dixons Chemist 68 Ormonde Street Sunderland SR4 7PP	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: 09:00-12:30 Sunday: Closed
West	L Rowland & Company (Retail) Limited	Rowlands Pharmacy Pallion Health Centre Hylton Road Sunderland SR4 7XA	40 Hour Pharmacy	Monday: 08:45-13:10; 13:30-18:00 Tuesday: 08:45-13:10; 13:30-18:00 Wednesday: 08:45-13:10; 13:30-18:00 Thursday: 08:45-13:10; 13:30-18:00 Friday: 08:30-13:10; 13:30-18:00 Saturday: Closed Sunday: Closed
West	Avicenna Retail Ltd	Grindon Pharmacy 17 Galashiels Road Grindon Sunderland SR4 8JJ	40 Hour Pharmacy	Monday: 09:00 - 18:00 Tuesday: 09:00 - 18:00 Wednesday: 09:00 - 18:00 Thursday: 09:00 - 18:00 Friday: 09:00 - 18:00 Saturday: 09:00 - 13:00 Sunday: Closed
West	Norchem Healthcare Limited	Tullochs Pharmacy Unit 9, Pennywell Shopping Centre Pennywell Sunderland SR4 9AS	40 Hour Pharmacy	Monday: 08:30 - 18:00 Tuesday: 08:30 - 18:00 Wednesday: 08:30 - 18:00 Thursday: 08:30 - 18:00 Friday: 08:30 - 18:00 Saturday: 09:00 - 14:00 Sunday: Closed

West	Demnox Ltd	Demnox Pharmacy 140 Allendale Road Farringdon Sunderland SR3 3DZ	40 Hour Pharmacy	Monday: 09:00-17:30 Tuesday: 09:00-17:30 Wednesday: 09:00-17:30 Thursday: 09:00-17:30 Friday: 09:00-17:30 Saturday: Closed Sunday: Closed
West	L Rowland & Company (Retail) Limited	Rowlands Pharmacy 19 St Lukes Terrace Pallion Sunderland SR4 6NQ	40 Hour Pharmacy	Monday: 09:00-13:30; 13:50-17:30 Tuesday: 09:00-13:30; 13:50-17:30 Wednesday: 09:00-13:30; 13:50-17:30 Thursday: 09:00-13:30; 13:50-17:30 Friday: 09:00-13:30; 13:50-17:30 Saturday: 09:00-13:00 Sunday: Closed
West	Dominionpharm Ltd	Dominion Pharmacy 1-1a Whitehall Terrace Sunderland SR4 7SN	Distance selling	Monday: 09:00-17:00 Tuesday: 09:00-17:00 Wednesday: 09:00-17:00 Thursday: 09:00-17:00 Friday: 09:00-17:00 Saturday: Closed Sunday: Closed
West	Million Medical Ltd	Million Pharmacy 187 Hylton Road Sunderland SR4 7YE	100 Hour Pharmacy	Monday: 07:00 - 22:00 Tuesday: 07:00 - 22:00 Wednesday: 07:00 - 22:00 Thursday: 07:00 - 22:00 Friday: 07:00 - 22:00 Saturday: 07:00 - 22:00 Sunday: 08:00 - 18:00
West	Amcare Ltd	39b Pallion Way Pallion Trading Estate Sunderland SR4 6SN	Appliance Contractor	Monday: 08:30-17:30 Tuesday: 08:30-17:30 Wednesday: 08:30-17:30 Thursday: 08:30-17:30 Friday: 08:30-17:30 Saturday: Closed Sunday: Closed
East	B Braun Medical Limited	Holmlands Buildings Tunstall Road Sunderland SR2 7RR	Appliance Contractor	Monday: 08:30-17:00 Tuesday: 08:30-16:30 Wednesday: 08:30-17:00 Thursday: 08:30-16:30 Friday: 08:30-17:00 Saturday: Closed Sunday: Closed
East	Fittleworth Medical Limited	Unit 7 Glaholm Road Sunderland SR1 2NX	Appliance Contractor	Monday: 09:00-17:00 Tuesday: 09:00-17:00 Wednesday: 09:00-17:00 Thursday: 09:00-17:00 Friday: 09:00-17:00 Saturday: Closed Sunday: Closed

Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Sunderland

The formal consultation on the draft PNA for Sunderland ran from 21st March 2022 to 22nd May 2022 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

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

- Sunderland Local Pharmaceutical Committee
- Sunderland Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors list in Sunderland
- NHS Sunderland Clinical Commissioning Group
- Sunderland Healthwatch
- Change Grow Live (CGL)
- Local NHS Foundation Trusts (including those delivering services within the Sunderland boundary):
 - South Tyneside and Sunderland NHS Foundation Trust,
 - Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
 - North East Ambulance Service NHS Foundation Trust
 - Country Durham and Darlington NHS Foundation Trust
 - The Newcastle upon Tyne Hospitals NHS Foundation Trust
 - Northumbria Healthcare NHS Foundation Trust
 - Gateshead Health NHS Foundation Trust
 - Harrogate and District NHS Foundation Trust
- NHS England and NHS Improvement (NHSEI)
- Neighbouring HWBs in Durham, South Tyneside and Gateshead

Emails were sent to all consultees informing them of the website address which contained the draft PNA document.

Stakeholders were asked to respond to the following specific consultation questions

- Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
- Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
- Does the draft pharmaceutical needs assessment reflect the needs of your area's population?
- Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- Do you agree with the conclusions of the pharmaceutical needs assessment?
- Do you have any other comments?

Findings of consultation:

In total 8 responses to the consultation were received from:

- 4 x "Those on the Pharmaceutical list in Sunderland" but provider names not recorded
- 2 x individuals
- 1 x NHSEI
- 1 x Sunderland LPC

NHSEI were in broad agreement with the PNA and wrote a letter saying they have no further comments.

There were therefore 7 responses to the individual consultation questions.

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, along with notes on how they have been dealt with in this final version of the PNA.

In addition, comments regarding the draft PNA raised at Sunderland Council Health and Wellbeing Scrutiny Committee have been included in the consultation responses summary.

Q1: Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Sunderland?

Consultation outcomes

86% = Yes, 14% = No

Concern was raised regarding the possibly shrinking number of pharmacies and GP practices in Sunderland, in particular in terms of accessibility for the population of Sunderland. In addition, one respondent questioned the process for consultation on market entry in terms of pharmacy premises changes and decision making.

Respondents identified the need for improved information to be made available via pharmacies including access to GP out of hours services as well as specific health needs such as healthy eating and baby care advice.

One respondent identified that decommissioned services were mentioned in the PNA.

HWB response

As described in section 3 of the PNA, Sunderland HWB has followed due process in the preparation of this PNA which considers the provision of community pharmacy services. Local community pharmacy services have been represented in the process, including members of the Local Pharmaceutical Committee (LPC) participating in the PNA Steering Group, and all community pharmacies were invited to respond to the pharmacy questionnaire (described through the document and summarised in Appendix 3) as well as all providers being invited to respond in the consultation process.

In terms of the changing provision of NHS pharmacy services, the purpose of a PNA is to reflect the needs of the population for community pharmacy services. As part of the market entry process for community pharmacy services, HWBs are informed and consulted on proposals for any significant changes to provision in the local HWB area through NHSEI. In the event of these changes in provision, the HWB must publish a supplementary statement to update the information provided on the current PNA and, in the event of the change of provision affecting the outcome of the PNA, the HWB is required to repeat the PNA review process, sooner than the 3 year statutory framework, if necessary (described in section 1.1).

The GP practice service provision is not specifically the remit of the PNA although it is considered in terms of access for the population of Sunderland to prescribed medicines as well as other services available via pharmacies.

NHS England provides statistical data to HWBs to assist in the PNA development/review process. LPCs are routinely consulted on all notifiable applications, the process for which is set down in the Regulations.

The HWB recognises the importance of good networking between healthcare providers including community pharmacy. The recently introduced advanced service, Community Pharmacy Consultation Service (CPCS) described in section 7.2.2 aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service

to meet their needs. At the time of reviewing the PNA, the majority of community pharmacies in Sunderland were registered with NHSEI to deliver this service. However, concern has been raised during the consultation process that the new CPCS and the discharge medicines services are currently under-utilised in terms of referral to community pharmacy from healthcare services such as GP practices and secondary care services.

In addition, HWB recognises the role of community pharmacies providing health living advice as part of the essential services regarding the Public Health agenda described in section 7.1.

Section 3.8 describes the key findings and recommendations of the previous PNA (2018) and therefore includes information about some services that have since been decommissioned. Section 7.2 describes these changes in more detail.

HWB actions

Addition of recommendation:

Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Sunderland and with other healthcare professional teams to increase engagement and interaction with services.

Q2: Are there any gaps in service provision (i.e. when, where and which services are available), that have not been identified in the pharmaceutical needs assessment?

Consultation outcomes

43% = Yes, 57% = No

Two respondents identified that there were possible gaps in service provision that had not been identified in the PNA and gave examples regarding access to emergency healthcare services, in particular dental treatment, contraception, physiotherapy, chiropody, podiatry and diabetes advice.

Concern was raised by one of the community pharmacy respondents that when responding to NHS111 CPCS referrals, it has been difficult to signpost / escalate the patient to out of hours GP services or arrange appointments at Pallion UTC with the only alternative left being to advise the person attends as a walk-in patient, and health care provision not always working in a "joined up" fashion.

One respondent questioned the process of commissioning services although did not give specific details regarding whether this was in terms of NHSEI or locally commissioned services.

HWB response

As discussed in response to Q1, although the PNA is focused on community pharmacy provision the HWB recognises the important role that community pharmacy plays in providing support with healthcare provision for the population of Sunderland.

These comments reinforce the recommendations of the PNA that although a reasonable number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines, we would wish to encourage community pharmacies to make greater use of these advanced services. Also, with regard to locally commissioned services, the public health team should work with the CCG and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.

The difficulty in responding to NHS111 CPCS referrals has been referred to the CCG for their consideration as part of the urgent care agenda.

HWB actions

Addition of recommendation (as per Q1 HWB action).

Q3: Does the draft pharmaceutical needs assessment reflect the needs of Sunderland's population?

Consultation outcomes

57% = Yes, 14% = No, 29% = Partially

The respondent that identified that the PNA did not reflect the needs of Sunderland's population and raised concerns about specific health needs seen in the area including stomach health, constipation, mental health and pain as well as identifying the need to support a culture of healthy living.

Of the responses identifying that the needs of Sunderland's population were partially met, one respondent identified the need to support the increasing immigrant population and also in areas of more deprivation.

A concern regarding the financial viability of providing monitored dosage systems was raised.

One response requested more clarity on provision in the Coalfields – this is covered in the response to Sunderland Council Health and Wellbeing Scrutiny Committee set out below.

HWB response

Section 4 of the PNA provides an overview of the key health needs for the population of Sunderland based on the most recently published JSNA. In addition, the PNA recognises the role of community pharmacy in promotion of a healthy living approach with the inclusion in the NHSEI essential services of the participation of community pharmacies in the public health agenda. The CPCF (Section 1.6) describes that community

pharmacies are to become healthy living centres, helping local people and communities to stay healthy, identifying those at risk of disease and reducing health inequalities.

In terms of supporting the changing needs of the population of Sunderland, the Pharmacy questionnaire identified that a number of pharmacies have access to staff who can provide information in a variety of languages (Section 10.1.1 and Appendix 5). NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

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

The HWB has considered the location of pharmacies in terms of areas of deprivation across the City and found that there is a good distribution and sufficient provision of community pharmacies in or near to areas with the highest levels of deprivation. 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 (section 6.6).

As described in section 8.6, the provision of monitored dosage systems is a non commissioned service although pharmacies are expected to make suitable arrangements or "reasonable adjustment" for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010.

HWB actions

The PNA has been updated to reflect the information from NHSE regarding access to linguistic services.

Q4: Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Consultation outcomes

71% = Yes, 14% = No, 14% = Partially

Respondents identified that the PNA could be used to emphasise the role community pharmacy can play in particular regarding enhanced and advanced services. Concern was raised that some of these services are currently underutilised and not well advertised to the people of Sunderland, who are therefore not fully benefiting from them. In addition, concern was raised that services such as the CPCS and the discharge medicine service are not being accessed by the healthcare services such as NHS111 or the secondary care services when people are being discharged from hospital. One respondent also identified that the NHSE Advanced New Medicine Service (NMS) does not currently benefit those with dementia or mental health issues.

The council's own weight management programme was raised by a respondent as a service that had not been mentioned in the PNA and only the NHS service had been referenced.

As seen in response to other questions in the consultation process, a need for further information for patients about services was identified and also engagement with the local pharmacy services rather than the parent provider company to gain further uptake of commissioned services.

HWB response

The HWB supports the need to ensure that all services that community pharmacies provide are publicised to ensure that people are aware of and access the services in Sunderland. In addition, the HWB supports further engagement with the community pharmacy essential service discharge medicine service by the local secondary care services in Sunderland. The PNA recognises that some of the more recently introduced advanced services such as CPCS and the hypertension case finding service are yet to become established and therefore it is anticipated that uptake and referral to these services will increase and they will become more widely utilised. This is also the case for locally commissioned services, in particular Think Pharmacy First, minor ailment service which has been recently implemented across the integrated care system.

The HWB notes that in terms of the advanced NMS, the NHSE service specification lists 16 conditions that are eligible for the service (as described in section 7.2.5) however, at the time of reviewing the PNA, this does not include dementia or mental health.

The Change 4 Life Sunderland programme provides healthy lifestyle sessions aimed at encouraging and supporting families to eat well, move more and live longer. The programme has a particular focus on young people and their families. In addition, the Sunderland Weight Management Programme is a 12-week weight management programme which is free and available to anyone who is a Sunderland resident.

NHSE clarification: As new services are being introduced, the LPCs and the local Pharmacy Integration Team work very hard to promote amongst the constituent pharmacies, but ultimately, advanced services are optional for pharmacies and it is therefore a business decision on their part as to whether they will participate.

HWB actions

Information regarding the council's weight management programmes has been added to section 4.7.

Statement added as per Q1 includes encouraging engagement with other healthcare professional teams to implement and support awareness of the commissioned services that community pharmacy can provide to Sunderland's population.

Q5: Do you agree with the conclusions of the pharmaceutical needs assessment?

Consultation outcomes

71% = Yes, 14% = No, 14% = Partially

In response to whether respondents agreed with the recommendations of the PNA, one respondent re-iterated the need to promote healthy lifestyles to the population of Sunderland.

In addition, another respondent requested that community pharmacies are included in discussions on local service provision and aspects that may impact on services when discussed at the HWB.

HWB response

The PNA has identified the crucial role that community pharmacy plays in supporting and promotion of health living and it is essential that this role is recognised when considering healthcare initiatives in Sunderland.

The PNA process has involved the LPC, representing all local community pharmacies at all stages of the process, including Steering Group membership, provider engagement and also consultation, therefore providing the opportunity to contribute at all stages.

Q6: Do you have any other comments?

Consultation outcomes

Anonymous respondents (pharmacy providers)

One respondent identified the key role of community pharmacies to help to support the people of Sunderland to be a healthy, happy community.

Another respondent requested to keep services local to meet the needs of the local population.

The defined localities within the PNA were questioned by one of the anonymous community pharmacy provider respondents stating that one particular pharmacy in the locality was allocated incorrectly and did not reflect the PCN locality boundaries.

HWB response

As the PNA is the responsibility of Sunderland Council's HWB, the Steering Group agreed to use the 5 Council localities rather than the 6 PCN geographies. The PCNs in Sunderland have been defined into 6 geographies (with the West locality being split in to 2 PCNs). The request to reallocate the localities has therefore not been actioned.

HWB action

Clarification regarding this discrepancy has been added to section 3.2.

Other Comments Received During the Consultation

Sunderland Scrutiny Board comments

The Health and Wellbeing Scrutiny Committee noted that there was 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 weekday evenings. The Committee noted that given the current expansion in terms of new build within the Coalfields area and current travelling distances to the nearest pharmacies this could be an area for further consideration in terms of out of hours provision.

HWB response to Scrutiny Board comments

We have been aware of a long standing lack of community pharmacy opening hours in the Coalfields locality, noted in the previous 2018 PNA. Opening times have been limited 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. There is no pharmacy access in the Coalfields area during weekday evenings after 6.30 pm and no provision in this locality on Sundays with the closest open pharmacy to the Coalfields hub being over 5 miles away. We have no expectation that the market will take care of this issue, as it has not resolved it since the last PNA was published in 2018. However, we are clear that this does not require additional pharmacies through market entry. Rather this may require a mechanism to explore securing particular hours of pharmacy provision at particular times on particular days in close proximity to open GP services.

LPC comments

The LPC made a number of comments regarding sections within the body of the PNA, and key points include:

- Recognition of the national picture of reduction in community pharmacy provision since the last PNA.
- LPCs within the North East and North Cumbria, as part of a regional community pharmacy approach, have been engaged in discussions regarding representation within the ICS, exploring the role of community pharmacy within a broader regional framework and the routes through which community pharmacy can influence and help shape the ICS in respect of the community pharmacy offer.
- The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff and this has been further exacerbated by the demand for, and recruitment of, community pharmacists (and other staff) by PCNs. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy to fulfil these activities.

- Sunderland Local Pharmaceutical Committee is keen to continually engage with Sunderland HWB and would like to be involved in any PNA-related decision during the life-course of the PNA including engagement in any consultations linked to Supplementary Statements.
- Regarding access to services (evenings and weekends) early involvement of the LPC and local community pharmacies would allow for local solutions to be explored.

HWB response to LPC comments

The PNA has been updated to reflect feedback from the LPC as set out in the list of amendments below.

NHSEI comments

NHSE (North East and North Cumbria) note the information used by the Health and Wellbeing Board in producing the report, and the conclusions and recommendations of the Board. NHS England has no further comments to make on the draft report.

NHS England (North East and North Cumbria) looks forward to working closely with all other commissioners of local services in Sunderland to ensure that community pharmacies continue to play their part in delivering high quality services and advice to all patients.

Amendments to Sunderland PNA following consultation process

Change	Section within PNA
<p><i>The following statement has been added to the PNA following the LPC response:</i></p> <p>LPCs within the North East and North Cumbria as part of a regional community pharmacy approach, have been engaged in discussions regarding representation within the ICS, exploring the role of community pharmacy within a broader regional framework. and the routes through which community pharmacy can influence and help shape the ICS in respect of the community pharmacy offer.</p>	Section 1.9
Words added to explain that there are two PCNs in the West locality (due to population size).	Section 2.3
The HWB notes however, that the Primary Care Network (PCN) geographies differ from the localities defined at Sunderland Council. Sunderland PCNs are defined aand therefore are not co-terminus with the localities described in this document.	Section 3.2
Additional information added to reflect number of new dwellings planned by locality.	Section 4.5

Information regarding the council's weight management programmes has been added.	Section 4.7.4
<p><i>The following statement has been added to the PNA following the LPC response:</i></p> <p>Sunderland LPC and community pharmacies in Sunderland have worked in partnership with Sunderland CCG and with the Magpie Social Marketing Group on a successful marketing campaign aimed at addressing antimicrobial resistance.</p>	Section 4.13.2
Clarification of opening and closure of distance selling pharmacies since the last PNA.	Section 5
<p><i>The following statement has been added to the PNA following the LPC response regarding out of area dispensing:</i></p> <p>and whilst this number may be regarded as low, it is regarded as lost revenue and an ongoing potential threat to community pharmacies within Sunderland.</p>	Section 5.9
<p><i>The following statement has been added to the PNA following the LPC response regarding significant changes to supplementary hours:</i></p> <p>Should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of the LPC and local community pharmacies in this process would allow for local solutions to be explored.</p>	Section 6.7 and Section 12
<p><i>The following statement has been added to the PNA following the LPC response:</i></p> <p>This is of note in terms of the Washington and Coalfields localities which provide further choice of community pharmacies in these areas.</p>	Section 6.8.5
<p><i>The following statement has been added to the PNA following the LPC response:</i></p> <p>Sentence regarding work with LPC and Sunderland COVID volunteer co-ordinator to ensure that volunteers and community pharmacies worked in partnership to ensure that many vulnerable people and those individuals in isolation, could gain access to their medication.</p>	Section 6.9

PNA updated to reflect the information from NHSE regarding access to linguistic services.	Section 6.11
Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Sunderland and with other healthcare professional teams to increase engagement and interaction with services.	Section 12
<p><i>Added to the recommendation regarding evening and weekend opening access in Coalfields area as discussed at Steering Group and the LPC:</i></p> <p>For example, there may be an opportunity to work with Sunderland LPC and local pharmacies to review the potential of exploring an extended rota - should there be further evidence identifying specific need in this locality.</p>	Section 12

Appendix 8 – Abbreviations

APS	Annual Position Statement
AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CEV	Clinically extremely vulnerable
CHD	Coronary heart disease
CNTW	Cumbria Northumberland Tyne & Wear NHS Foundation Trust
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CVD	Cardiovascular disease
CWP	Cold Weather Plan
DAC	Dispensing appliance contractors
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
EHC	Emergency Hormone Contraceptive
ePACT2	Prescribing data
EPS	Electronic Prescription Service
ERD	Electronic Repeat Dispensing
GP	General Practitioners
Hep C	Hepatitis C
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IMD2019	Index of Multiple Deprivation 2019
INR	International normalisation ratio
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services
LFD	Lateral Flow Device
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long-term condition
MDS	Monitored Dose Systems
MRSA	Methicillin-resistant Staphylococcus aureus
MSK	Musculoskeletal conditions
MUR	Medicines Use Review
NDPP	NHS Diabetes Prevention Programme
NDTMS	National Drug Treatment Monitoring System

NEET	Not in education, employment, or training
NENC ICS	North East & North Cumbria Integrated Care System
NES	National Enhanced Services
NHS	National Health Service
NHSEI	NHS England and NHS Improvements
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
NSAID's	Non-steroidal anti-inflammatory drugs
NUMSAS	NHS Urgent Medicine Supply
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHiF	Pharmacy Integration Fund
PNA	Pharmaceutical Needs Assessment
POCT	Point of care testing
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PWIDs	People who inject drugs
SAC	Stoma Appliance Customisation Service
SCAS	Sunderland Care and Support
SCC	Sunderland City Council
SCCG	Sunderland Clinical Commissioning Group
SGPA	Sunderland GP Alliance
SHMA	Strategic Housing Market Assessment
SSGA	South Sunderland Growth Area
STAR-PU	Specific Therapeutic group Age-sex weightings Related Prescribing Unit
STSFT	South Tyneside and Sunderland NHS Foundation Trust
UTC	Urgent Treatment Centre
UTI	Urinary tract infection
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale

Appendix 9 – References and data sources

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