

# SUNDERLAND HEALTH AND WELLBEING BOARD

## AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 23 January 2015 at 12.00noon**

**A buffet lunch will be available at the start of the meeting.**

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1. Apologies for Absence	
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5. Update from the Integration and Transformation Board	-
Verbal report.	
6. NHS Monies for Social Care 2014/2015	-
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7. Sunderland Pharmaceutical Needs Assessment (PNA)	17
Report of the Acting Director of Public Health (copy attached).	
8. Sunderland's Approach to Intelligence	119
Report of the Intelligence Leads, Core Intelligence Team, Sunderland City Council (copy attached).	

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Information contained within this agenda can be made available in other languages and formats.

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|------------|--|-----|
| <b>9.</b>  | <b>Health and Wellbeing Board Priority Setting</b>                                 | -   |
|            | Presentation by the Acting Director of Public Health.                              |     |
| <b>10.</b> | <b>Closed Board Sessions and Forward Plan</b>                                      | 127 |
|            | Report of the Head of Strategy, Policy and Performance Management (copy attached). |     |
| <b>11.</b> | <b>Date and Time of the Next Meeting</b>   |     |
|            | The next meeting of the Board will be held on Friday 20 March 2015 at 12noon       |     |

ELAINE WAUGH  
Head of Law and Governance

Civic Centre  
Sunderland

15 January 2015

## SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 28 November 2014

### MINUTES

#### Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Maureen Crawford	-	Director of Public Health
Ken Bremner	-	Sunderland Partnership
Kevin Morris	-	Healthwatch Sunderland

#### In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
Alderman Mark Greenfield	-	
Alan Patchett	-	Age UK
Liz Highmore	-	DIAG
Gillian Gibson	-	Consultant in Public Health, Sunderland City Council
Kath Bailey	-	Locum Consultant in Public Health, Sunderland City Council
Alan Caddick	-	Head of Housing Support and Community Living, Sunderland City Council
Usha Jacob	-	Performance and Information Manager, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

#### HW26. Apologies

Apologies for absence were received from Councillors Kelly, Leadbitter, Miller and Watson and Christine Keen and Dr Pattison.

#### HW27. Declarations of Interest

There were no declarations of interest.

## **HW28. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 19 September 2014 were agreed as a correct record.

## **HW29. Feedback from Advisory Boards**

### **Adults Partnership Board**

Karen Graham informed the Board that the Adults Partnership Board had met on 4 November 2014 and the main issues considered had been: -

- Strengthening Families
- Tobacco Alliance update
- Age Friendly Cities
- Mental Health Trailblazer
- Affordable Warmth update

A joint meeting had also been held with the members of the Children's Trust on 24 November and they had agreed that there was a need to review the advisory group structures of the Health and Wellbeing Board. It was intended to look at what the Board required of its advisory groups and the potential for alternative structures and reporting mechanisms. Another joint session would be scheduled for early in the New Year.

RESOLVED that the information be noted.

### **NHS Provider Forum**

Ken Bremner informed the Board that the Provider Forum had met on 5 November 2014 and the main issues discussed had been: -

- ASE Event Follow Up
- Better Care Fund
- Role and Membership of the Provider Forum
- Manpower
- Engagement Event
- Health and Wellbeing Board Assurance

Councillor Speding commented that the main point of interest at the meeting had been around manpower and resources and discussions on the number of GPs and their retention. Dave Gallagher noted that it was great to have Philip Foster as a member to represent care providers and that it was good to see that the Sunderland GP Alliance was largely up and running. He also highlighted the importance of manpower as an issue moving forward and supported the need to receive assurance from providers that they were playing a role in delivering the Health and Wellbeing Strategy.

Councillor Speding referred to the Durham GP Alliance and asked how partners could ensure good coverage of cross border issues. Ken Bremner advised that City Hospitals Sunderland was represented on the Durham Health and Wellbeing Board and that Sunderland residents were accessing services provided by Durham health trusts. He commented that this was a discussion for lead partners and that it may be useful for the two health and wellbeing boards to have a conversation on this.

Kevin Morris stated that Healthwatch were currently looking at the different ways in which providers engaged and Ken said that this would be placed on the agenda for the next Provider Forum.

Neil Revely reported that he had attended a round table discussion at the Cabinet Office recently which had focused on integration but the key thing which had come out of the conversation was workforce. The challenge on this was in line with the transformation agenda, for example looking at how the system would be managed if there were less GPs available and the impact if the system was successfully transformed. The Cabinet Office were challenging NHS England on this type of issue.

Ken Bremner commented that there was no lack of willingness to transform but it was about aligning services so there was not a 'feast or famine' situation. Dave Gallagher noted that work was underway in various health services to design a workforce for the future.

Karen Graham highlighted that workforce was an issue which would come up through the course of the agenda and that this was something that was broader than the remit of the Health and Wellbeing Board and included the Economic Leadership Board and Education Skills Group. Karen proposed that a joint session take place with the Economic Leadership Board in the future to look at recruitment and retention and noted that the health sector was identified as a growth sector in the Economic Masterplan.

Neil Revely added that recruitment needs for sectors such as advanced manufacturing were well understood through regional bodies but health recruitment was only really understood within the sector itself and Ken Bremner agreed that much health planning was done within the vacuum of the health service. It was also noted that not having appropriate health services would adversely affect Sunderland as an economically attractive location and the boards needed to work together on this.

The members of the Provider Forum had felt that the group was starting to work in the way which had been intended when it was established and there was added value in getting the provider voice.

Councillor Speding asked if the forum could be used as an investigatory body and Neil confirmed that this was part of the forum's terms of reference as well as it being an autonomous body.

Nonnie Crawford commented that it was excellent to see NHS providers being involved but it was important not to lose other providers, transport for example. It was important to reap the benefit of other providers from the independent and

statutory sector. Ken replied that the provider engagement event would be the first step towards achieving this.

RESOLVED that: -

- (i) the feedback from the Provider Forum be noted;
- (ii) it be noted that the Health and Wellbeing Board can suggest topics to be investigated by the Provider Forum;
- (iii) the providers' concern over manpower issues be noted; and
- (iv) a further report on assurance be received from providers.

**HW30. Update from the Integration and Transformation Board (including Accelerated Solutions Event update)**

The Board were informed that the Integration and Transformation Board had met on 5 November 2014 and the main issues discussed had been: -

- Partnership Board Integrated Teams
- Better Care Fund
- Integrated Commissioning
- Follow up Accelerated Solutions Event
- Governance paper

Dave Gallagher reported that the integration agenda was making progress and it was hoped that the Better Care Fund plan would be fully assured during the next week so that partners could get on and deliver the plan. Work was ongoing with NHS England to close off any outstanding issues.

The Health and Wellbeing Board had previously been made aware that a 'beefed up' approach to the governance of the Better Care Fund was being considered and the draft terms of reference for the Health and Social Services Integration Board were presented to the Board for approval. The new Integration Board was intended to be bigger, stronger and more inclusive and its purpose was to oversee the development and delivery of plans for the integration of health and social care in Sunderland.

Neil Revely advised that the structure being proposed was similar to that being adopted by other authorities and was in line with good practice.

Regarding the link between the Integration Board and the Health and Wellbeing Board, the Integration Board was a formal sub-committee of the Health and Wellbeing Board but had a different function to the advisory groups as it was overseeing £170m of funding and had to meet statutory functions on behalf of the Board.

Having considered the report, the Board RESOLVED that: -

- (i) the update from the Integration and Transformation Board be noted; and

- (ii) the draft terms of reference for the Health and Social Services Integration Board be approved.

### **HW31. Health and Wellbeing Performance and Assurance**

The Executive Director of People Services submitted a report which provided a number of elements of performance data, including performance against outcomes and case study evidence of progression against the Health and Wellbeing Strategy.

Neil Revely advised that it was agreed some time ago to bring forward a report to provide a general oversight and assurance on the whole system. Partners working in health and social care across the city were held to account by various outcomes framework and this report was intended to pull together all aspects of performance, organised by strategic objective to generate an understanding of what was happening across the system.

Performance related to the Public Health Outcomes Framework, the Adult Social Care Outcomes Framework and the NHS Outcomes Framework was included within the report with red, amber or green ratings and direction of travel. There was a narrative description of key areas of underperformance and also a description of key innovative actions taken under each of the six objectives.

Usha Jacob, Performance and Information Manager, was in attendance to talk to the report. Usha explained that there were some outcomes which were red or amber but were showing a positive direction of travel, however there were six outcomes which were red and now showing an improvement, namely: -

- Percentage of adults physically active
- Falls and injuries in people aged 65 and over
- Life expectancy at 75
- Emergency readmissions within 30 days of discharge
- Unnecessary admissions for acute conditions
- Breast cancer screening coverage

It was highlighted that since the report had been produced, there had been an improvement in breast cancer screening so that the Sunderland rate was more in line with the national average. Emergency readmissions had shown an improvement from the figures recorded at the end of 2013/2014.

Councillor Speding commented that there was tremendous amount of information included in the report and queried what the Board should do if indicators were rated red but were moving in the right direction. Ken Bremner stated that he felt this depended on how significant the indicators were and expressed a preference for a focus on the issues which were most important for the Health and Wellbeing Board.

The Board needed to know that it could access all of the detailed information but it was agreed that the Board's priorities and the headline data had to be extracted from this wealth of information.

Councillor Smith referred to the child poverty figures and stated that these were different depending on which document you looked at. She noted that those within the report seemed out of date and possibly reflected the position a few years ago. Councillor Speding said that the data would be on a rolling programme and could only be as up to date as the system would allow.

Karen Graham advised that there had been discussions taking place about how to present the information and this was a work in progress. Officers were looking at how to make this more interactive and to include more narrative. The creation of a more user friendly document was a target for the next year.

The Board would also have to determine the frequency of reports so that improvement could be observed. It was also noted that the Board should not be complacent and if there were not demanding targets set, then there was no incentive to work towards them.

Dave Gallagher echoed earlier comments about focusing on the really important elements of the strategy and felt that the missing piece of work was the distillation of outcomes into the half a dozen or so indicators which the Board wanted to measure itself against. Nonnie Crawford suggested that Gillian Gibson and Kath Bailey work with Usha on the performance reporting for the next Board meeting.

Neil Revely highlighted that because Sunderland's Health and Wellbeing Strategy was different to others, it was as much about how partners were doing things as the outcomes. The Board needed to have the knowledge of these issues so it could decide what it would focus on over the next 12 to 18 months. He supported the idea of an interactive resource which would provide the background and the narrative to the data but there needed to be a process to agree the top five or six things which the Board wanted to target and receive regular updates on.

The Board RESOLVED that: -

- (i) the performance against outcome figures be received and noted;
- (ii) the Health and Wellbeing Strategy Objective actions be received; and
- (iii) the next steps as outlined in the report be agreed.

### **HW32. Due North: Report of the Independent Inquiry on Health Equity for the North**

The Director of Public Health submitted a report providing a briefing to the Board on 'Due North: the Report of the Independent Inquiry on Health Equity for the North'.

Kath Bailey was in attendance to talk to the report and advised that Due North was the report of an inquiry which built on the Marmot Review and focused on the following three themes: -



- a fair start for children
- the economy and welfare
- democratic and community empowerment

The report provided additional evidence of the actions and the scale of the work required to tackle the underlying determinants of health and set out four high level recommendations: -

- tackle poverty and economic inequality within the North and between the North of England and the rest of England
- promote healthy development in early childhood
- share power over resources across the North and increase the influence that the public has on how resources are used to determinants of health
- strengthen the role of the health sector in promoting health equity

The report summarised the work which was being done in Sunderland as the recommendation themes within the report were not new and there was already a lot of activity going on. The current progress was outlined at Appendix 2 of the report and the Board was also being asked to provide feedback on the recommendations by 8 December 2014.

Public Health England was asking for responses to specific questions and this gave an opportunity to consider what was done in Sunderland and also how Sunderland's voice would play into discussions both regionally and nationally. Kath advised that some general feedback would be provided by the deadline but it was felt that it would be better to consider the recommendations in full in a workshop context.

Nonnie Crawford stated that the report was to make the Health and Wellbeing Board aware of the high level recommendations and suggested that this also be taken to the Economic and Education Leadership Boards. Ken Bremner highlighted that the progress being made by the Sector Growth Result Group had been reported at the last meeting of the Economic Leadership Board, however health issues specifically had not really been drafted into this yet.

Councillor Speding referred to ANEC and their links with Public Health initiatives and stated that a report to the Board at some point in the future about the economic impact on health would give an extra dimension to the process. There was an issue about interconnectivity, it was assumed that the Economic Leadership Board created wealth, but what it was not clear what it expected the Health and Wellbeing Board to deliver.

It was highlighted that the North East Local Enterprise Partnership was economically driven but had also recognised education and skills as a big issue in the region. Councillor Speding noted that the Economic Leadership Board had identified lack of skills as a problem and that the wealth and health of the workforce had always been a key theme.

There was a need for the three lead bodies in this area to share intelligence on this but it was also about challenging each other as well as looking at where they intersected. The Health and Wellbeing Board stood with equal weight and value to

the other boards and it was about how there could be a cross conversation and a joint focus.

Neil Revely highlighted the debate about how carers' issues could be prioritised in the same way as flexible working for parents had been in the past. This could be a key ask for the Economic Leadership Board in the context of healthy employers and a healthy workplace.

Karen Graham commented that there had previously been an exercise led by the Sunderland Partnership about the 'asks' and offers for the three boards and that this might be a good time to revisit the work.

The Health and Wellbeing Board RESOLVED: -

- (i) that the high level recommendations made by the Due North report be noted;
- (ii) that feedback be provided about the findings from the rapid mapping and sense check set out in Appendix 2;
- (iii) that they will provide feedback about the top three issues which should be prioritised for early action within the delivery plan for the Health and Wellbeing Strategy;
- (iv) that they will provide feedback on the usefulness and/or practicality of the recommendations, based on the questions on the template at Appendix 3; and
- (v) that they are content for further discussions to take place, within the local strategic partnership and key partner organisations.

### **HW33. Age Friendly Cities**

The Executive Director of People Services and the Director of Age UK, Sunderland submitted a joint report, advising the Board about the plans of partners to progress Sunderland's application to become an Age Friendly City.

Sunderland's demography had changed considerably over the last fifty years and the population of people aged 60 and over was projected to increase from 24% in 2012 to 31.2% in 2037. As the population was ageing, age related health problems would become of increasing concern in the city.

The World Health Organisation (WHO) Age Friendly City Programme had been established to foster the exchange of experience and mutual learning between cities and communities worldwide. The Network provides partners with the opportunity to prepare an effective local policy approach for responding to population ageing.

Work was currently ongoing to refresh baseline data which shows the activity taking place in Sunderland which contributes to the Age Friendly City domains, as well as the city's 50+ Strategy, in order that the Council can submit an application, on behalf of partners, for Sunderland to be given Age Friendly status.

It was felt that Age Friendly status would have a positive and beneficial impact on all of Sunderland's citizens and would help promote this as an issue for other boards and organisations around the city. Age UK Sunderland and the Council would continue to lead the work to become an All Age Friendly City and this would be monitored by the Adults Partnership Board.

RESOLVED that the intention to pursue Age Friendly City status be supported and the next steps set out in section 5 of the report be agreed.

#### **HW34. NHS Five Year Forward View**

The Chief Officer of Sunderland CCG submitted a report providing an overview of the key points outlined in the Five Year Forward View published by NHS England in October 2014.

The purpose of the Five Year Forward View was to articulate why change was needed, what the change might look like and how it could be achieved. Dave Gallagher highlighted that the report recognised workforce issues and key economic drivers and also placed emphasis on matters such as stronger partnerships with the community and voluntary sector, different ways of commissioning services and a modern workforce.

The report mapped out where Sunderland was in relation to the requirements of the Five Year Forward View and noted that there was a lot of resonance between the national and local plans. The report was presented for information and for the Board to note the key elements of congruence between Sunderland and the national picture as detailed in section 4 of the report.

Neil Revely commented that it was useful to see the information presented in this way but suggested that this led to a 'so what' question. Sunderland was meeting the Forward View requirement but it had to be considered whether this was having any impact. Dave Gallagher advised that strategic plans would be refreshed as a result of the NHS Forward View but he was pleased to note that the direction of travel was aligned and there was not a great deal of dissonance between Sunderland and the national position.

Having considered the report, the Board RESOLVED that: -

- (i) the key points of the NHS England Five Year Forward View be noted;
- (ii) it be noted how the current and planned work fitted within the Five Year Forward View; and
- (iii) the additional work necessary, including ensuring all local NHS organisations meet the recommendations outlined in this report, be supported.

### **HW35. Affordable Warmth and Excess Winter Deaths – Progress Update**

The Head of Housing Support and Community Living submitted a report providing an update on the Affordable Warmth Steering Group.

Alan Caddick was in attendance to present the report and advised that Affordable Warmth Steering Group had been established and had agreed its terms of reference. A 'Task and Finish Group' had been set up to develop the Affordable Warmth Strategy and Plan and this would be available in draft by the end of December 2014.

The group had been successful in securing funding from the CCG to work with GP surgeries on a flu jab campaign and from Age UK to help keep people warm and safe over the winter and prevent hospital admissions. It was proposed to combine money from the Council's Hardship Fund with the Age UK funds in order to make a real difference to affordable warmth and fuel poverty in the city.

The Steering Group was also monitoring the progress of initiatives such as Warm Up North and Collective Switching and the impact they were having on affordable warmth and fuel poverty. With regard to Collective Switching, 80 registrations had been made in June with an average saving of £191 per customer. 195 households had registered in October and had achieved an average saving of £221. The benefits of supporting this programme were starting to be seen and the next auction would take place from 2 December 2014 to 2 February 2015. The Council would be offering help and support to register and would send out information in due course.

Karen Graham advised that the Health and Wellbeing Improvement Group could help to get the message out about Collective Switching. Kevin Morris stated that he already met with Alan Caddick to discuss how Healthwatch could help.

With regard to the trying to increase the numbers who were registering for the scheme, Alan Caddick stated that there were 30,000 registrations nationally at the last auction and Sunderland was not dissimilar to other areas.

Councillor Davison highlighted that Gentoo held a lot of data, such as detail on housing conditions, which could help information the development of the strategy. She also asked what the norm was when it came to 'excess' deaths. Kath Bailey stated that this was measured using a complicated system of comparing averages over four month sections of the year. Data was not yet available to compare this year with last year as there was a lag in the figures being produced.

Neil Revely commented that it was good to see these initiatives coming together and asked if, as locality integrated teams were developed, referral routes were being made easier for individuals.

Alan Caddick advised that an example of this would be boilers on prescription and how value could be added by looking at issues in localities using an intelligence led approach. Neil noted that this level of intelligence could come from a front line practitioner and that Gentoo were delivering this in one area of the city. However, it was also highlighted that social prescribing needed to be evaluated to show that it was an effective approach.

RESOLVED that the progress made to date be noted.

### **HW36. Mental Health Trailblazer**

The Director of Public Health submitted a report providing information about the work undertaken by the seven local authorities in the North East Combined Authority area to develop and submit a trailblazer project aiming to support people with common mental health issues back into work and to seek support for Sunderland's ongoing participation in this work.

The expected outcomes for the trailblazer were as follows: -

- Improved health outcomes for ESA claimants with common mental health conditions;
- Better integration of mental health and employment interventions;
- Shared outputs and outcomes e.g. benefit off-flows, sustained employment and clinical recovery;
- Improved value for money through integration;
- Reduced costs for other support services; and
- Improved evidence base through robust evaluation.

A workshop had been held to develop a design model for the trailblazer and a bid was developed and submitted to the Cabinet Office on 1 October with a formal decision anticipated on 1 December 2014.

The Board was asked to support the application and to take part in a discussion about how the local element of this would work.

Liz Highmore asked if there would be potential to include disabled access to Talking Point services within the trailblazer. This would be picked up by officers.

It was noted that Sunderland Workplace Health Alliance had been established, which was supported by the Economic Leadership Board, and it was case of joining these things together on the ground.

Following consideration of the report, the Board RESOLVED that: -

- (i) the work undertaken so far on the mental health trailblazer application be noted;
- (ii) Sunderland's continued participation in this work as a means of working towards strategic goals for the city be supported;
- (iii) the development of the model for local implementation through the Mental Health Partnership Board be supported; and
- (iv) feedback on the proposed delivery model for the mental health trailblazer be provided.

### **HW37. Development Sessions and Forward Plan**

The Head of Strategy and Performance submitted a report informing the Board of forthcoming development sessions and the forward plan.

It was proposed that the development sessions be framed as closed board sessions going forward and the Board were invited to suggest topics of interest. Initial suggestions had been: -

- Collective risk management and assurance
- Joint working between Economic Leadership Board and the Health and Wellbeing Board
- Integrating needs assessments

Neil Revely suggested a session on setting the top five or six priorities to be for Health and Wellbeing Strategy assurance.

Kevin Morris highlighted that there was a lot of good practice around engagement but partners were not so good at evidencing this and this might be an area to focus on at a future session. Dave Gallagher added that different parts of the city would engage on different things and that it might be useful to step back and identify some common principles for this. It was noted that this could also link to All Together Sunderland work and the State of the Area debates.

Details of the timetable for the Board and its advisory groups and deadlines for submission of reports were also provided for information.

The Board RESOLVED that: -

- (i) consideration be given to topics for in depth closed/partner sessions for 2015;
- (ii) the forward plan be noted and requests for any additional topics passed to Karen Graham; and
- (iii) the timetable be noted.

### **HW38. Date and Time of Next Meeting**

The next meeting of the Board will be held on Friday 23 January 2015 at 12noon

(Signed) M SPEDING  
In the Chair

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**23 January 2015**

**FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD**

**Report of the Chair of the Adults Partnership Board**

The Adults Partnership Board met on Tuesday 6<sup>th</sup> January, 2015

**3. Matters Arising**

Joint Children's Trust and Adults Partnership Board meeting - the follow up meeting will be held following the HWBB Closed priority setting meeting in February.

**5. Alcohol Update**

Julie Parker Walton updated the group on key Sunderland messages around alcohol under 3 main headings:

- Alcohol is too affordable, too available and too heavily promoted encouraging too many people to drink too much too often
- Drinking has reached the point where it is damaging the health, wealth and safety of people and communities
- Our drinking culture is putting our children and their future at risk

The report also highlighted the recommendations of the Sunderland Booze Debate which was held in October which included setting up a strategic alcohol steering group in the City.

The Adults Board decided NOT to agree with the recommendation, agreeing that there would be little benefit to setting up another strategic grouping in the City.

It did agree to recommend to the HWBB that

- Alcohol should be included in the emerging list of HWBB priorities
- the HWBB should use any powers to lobby for minimum unit pricing regionally and nationally
- the HWBB should make representation to the other strategic partnerships to ensure that alcohol issues are owned by all partnerships (as part of an asks and offers process)

**6. Pharmaceutical Needs Assessment**

Julie Parker-Walton updated the group on the requirement of the HWBB to carry out a Pharmaceutical needs assessment and highlighted that the consultation was now open online for 60 days.

The Local Pharmaceutical Committee representative made a number of points including:

The timing of the consultation with pharmacists being short and over Christmas might have resulted in a lower response rate. This would be followed up by PH colleagues.

Data sharing was raising issues especially obtaining information on usage which is held by NHS England and the CCG but not shared widely.

It was also raised that a key issue in terms of needs was whether the needs assessment was a snapshot in time or whether it takes into account the future plans for Sunderland such as integrated locality teams which would make very different demands of pharmacy services.

It was agreed that members of the Board should respond individually or if they wanted to produce a composite response to contact Karen Graham

## **7. Care Act**

Richard Elliot from Sunderland City Council People Services gave an update on progress against the requirements of the Care Act.

There are 7 action plans about which progress is reported monthly to the Care Act Implementation Board. There has been good progress but more is needed.

There is a Sunderland-wide consultation going out early this year which will focus on eligibility issues. This isn't to be confused with a national engagement mailshot which will be sent to between 10-12,000 people in Sunderland.

The Board agreed to receive further updates.



**SUNDERLAND HEALTH AND WELLBEING BOARD**

**23 January 2015**

**FEEDBACK FROM THE SUNDERLAND NHS PROVIDER FORUM**

**Report of the Chair of the Sunderland NHS Provider Forum**

The Sunderland NHS Provider Forum met on 8<sup>th</sup> January at City Hospital Sunderland. 6 members were present representing 5 of the 7 members.

It was agreed by Forum that a Provider representative rather than the Chair of the group should provide the feedback to the HWBB as a regular arrangement. It was agreed that Ken Bremner would do this as he is already a member of the HWBB as Chair of the LSP.

Issues discussed were:

**Under Matters Arising**

There are a plethora of initiatives running from the CCG and in partnerships – is there a view on how cumulative success for the City as a whole will be evaluated?

**Manpower**

City Hospitals reported that at a recent CQC meeting that the Trust's ability to act on certain recommendations was limited by manpower issues which they cannot address on their own.

Although manpower is discussed at the CCG transformation Board it was recognised that this is not just a CCG issue and needs to be looked at in a much broader way.

A number of different potential solutions were discussed including working conditions, free nursery facilities, 'golden handshakes/handcuffs', pay and conditions a series of high profile speaker events linked to the university.

**Recommended that the HWBB encourage links with the Education and Economic Leadership groups to ensure that the health workforce is prioritised and that the conditions to attract professional are encouraged.**

The skills and workforce needs in the Care sector are slightly different and mainly focus around the upskilling of the workforce and this will become more important as the locality model is rolled out. The care academy was discussed and it was agreed that further details would be circulated.

## **Engagement Event**

Initial discussion highlighted that from CCG & local authority commissioned services, that there would be approximately 120 organisations on the invitation list for the event. It was agreed that this would be manageable and that a date be set for the event early this year.

## **HWB Assurance**

A template for assurance against the HWB Strategy design principles was circulated and discussed. KB agreed that City Hospitals would pilot the template and feedback issues to the next group.

## **RECOMMENDATIONS:**

The Health and Wellbeing Board is recommended to:

- Note the content of the feedback report from the Provider Forum
- Agree to take the issue of manpower to the education and economic leadership boards.

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**23 January 2015**

**SUNDERLAND PHARMACEUTICAL NEEDS ASSESSMENT (PNA)**

**Report of the Acting Director of Public Health**

**1 Purpose**

- 1.1 The purpose of this report is to provide information to the Health and Wellbeing Board about:
- its statutory role in relation to pharmaceutical needs assessment;
  - the work that has been undertaken to produce an updated Pharmaceutical Needs Assessment (PNA) for Sunderland in line with this statutory role; and
  - the local statutorily required consultation running from 9<sup>th</sup> January 2015 until 10<sup>th</sup> March 2015.
- 1.2 The Health and Wellbeing Board has the opportunity to comment on the consultation draft of the Pharmaceutical Needs Assessment (PNA) for Sunderland. The Board is asked to consider and provide broad agreement for the conclusions and recommendations set out in the consultation draft PNA.
- 1.3 The document will be revised in the light of comments received from the Board and the findings of the consultation. A final version of the Pharmaceutical Needs Assessment (PNA) for Sunderland document will be brought back to the Board on 20<sup>th</sup> March 2015 for final approval and sign off.

**2. Statutory role**

- 2.1 The first PNAs were produced by Primary Care Trusts in 2011. The duty to carry out pharmaceutical needs assessment transferred to Health and Wellbeing Boards under the Health and Social Care Act 2012; this duty came into effect on 1<sup>st</sup> April 2013.
- 2.2 The process for pharmaceutical needs assessment is currently guided by *The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*. These state that an updated pharmaceutical needs assessment (PNA) must be agreed and published by 1 April 2015.
- 2.3 A revised assessment must be published within three years of publication of this assessment, or sooner in response to significant changes to the availability of pharmaceutical services, provided that this would not be a disproportionate response to those changes.
- 2.4 The Health and Wellbeing Board is required to produce the PNA as part of its broader responsibility for developing a shared understanding of the current

and potential future health needs of the City's population. The PNA is an integral part of the joint strategic needs assessment (JSNA) and is aligned to the Joint Health and Wellbeing Strategy.

### 3. What is a PNA used for?

- 3.1 The Health and Wellbeing Board is not responsible for deciding how many pharmacies there should be or where they should be sited. NHS England, through its Area Team, will use the PNA document to decide whether additional pharmacies are needed to fill any gaps in essential services identified. In doing this, NHS England will need to balance current provision with considerations of the free market. They need to ensure that local community pharmacies are in locations which best meet the needs of and are accessible to residents of Sunderland, but are also commercially viable.
- 3.2 The primary purpose of the PNA is to ensure that decisions made by NHS England about applications for new pharmacies are based on robust and relevant information. However, it will also be used to:
- help commissioners to commission services from community pharmacists to meet local need;
  - support commissioning of high quality pharmaceutical services;
  - ensure that community pharmacy services are commissioned to reflect the health needs identified in the JSNA and the ambitions set out in the Joint Health and Wellbeing Strategy; and
  - facilitate opportunities for pharmacists to make a significant contribution to the health of the population of Sunderland.
- 3.3 Decisions on applications to open new premises may be appealed by certain persons to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSU), and may also be challenged via the courts. The use of PNAs for the purpose of determining applications for new premises is still relatively new. It is therefore expected that many decisions made by the NHS England will be appealed and that eventually there will be judicial reviews of decisions made by the FHSU. It is therefore vitally important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.
- 3.4 A Pharmaceutical Needs assessment (PNA) describes the health needs of the population and the services delivered by community pharmacies, either which are already in place, or which could be commissioned to meet identified health needs.
- 3.5 Currently services are commissioned from community pharmacies by NHS England, the public health team of Sunderland City Council and Sunderland Clinical Commissioning Group. These may be:
- **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; or
  - **Enhanced Services/Locally Commissioned Services:** services that can be commissioned locally in response to identified needs.
- 3.6 The PNA maps health needs and current services to make sure there are no gaps in essential services in order that the Health and Wellbeing Board can be assured that the City's residents have good access to community pharmacy services.
- 4. PNA process**
- 4.1 The work was supported by a collaborative steering group with representation, advice and support from the public health team at Sunderland City Council, Sunderland CCG, Sunderland Local Pharmaceutical Committee and a representative from the Medicines Optimisation Team at the North of England Commissioning Support (NECS) Unit.
- 4.2 The steering group made an assessment of needs based on the JSNA and additional information collected as part of the PNA process. In making this assessment, there was a need to "have regard to the different needs of different localities within the area". In accordance with the regulation, the collaborative steering group considered how to assess these different needs, and concluded that the most appropriate means of dividing the Sunderland area was to adopt the five locality areas used by both Sunderland City Council and Sunderland Clinical Commissioning Group.
- 4.3 The steering group also made an assessment of the current services available from community pharmacies in Sunderland. Information about opening hours was collected, and data was collected about the services which are currently commissioned.
- 4.4 During November and December 2014 a questionnaire survey was used to gather views about local pharmacy services from the public and a range of agencies and groups. The questionnaire was made available through the consultation calendar on the Sunderland Partnership website and also through paper versions of the same questionnaire distributed at a range of engagement events over the same period.
- 4.5 A questionnaire for community pharmacies was made available on-line during December 2014. This questionnaire gathered information on facilities which are available in community pharmacies, the number of clients accessing commissioned services, and any non-commissioned services which pharmacies currently provide, or would be willing to provide if they were commissioned. The questionnaire was available for a relatively short period of time and at a time when community pharmacies are particularly busy. At present, 31 out of a possible 67 (46.2%) responses have been received and so collection of this data will continue into the consultation period with a view

to improving the response rate. Figures will be adjusted accordingly in the final PNA document.

- 4.6 Information was also gathered about services provided in neighbouring areas which can be accessed by residents of Sunderland, and therefore provide a more complete picture of any potential gaps in service provision.

## **5. Consultation**

- 5.1 The regulations require the Health and Wellbeing Board to consult for a minimum of 60 days with the following statutory consultees about the contents of the pharmaceutical needs assessment it is making:

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

- 5.2 A draft document for consultation has been prepared and is included with this paper. This was published on 9<sup>th</sup> January 2015 and is available at:  
[http://sunderland-consult.objective.co.uk/portal/chief\\_executives\\_1/pna\\_stat\\_consultation](http://sunderland-consult.objective.co.uk/portal/chief_executives_1/pna_stat_consultation).

The statutory consultees have been made aware of the consultation directly and provided with the link to the document and an on-line consultation questionnaire. Responses from a wide range of agencies and individuals are encouraged and are welcome.

- 5.3 The statutory consultation period of 60 days will run from 9<sup>th</sup> January 2015 until 10<sup>th</sup> March 2015. Following the consultation period, the draft document will be updated to reflect any new information relevant to the pharmaceutical needs assessment.

- 5.4 A final version of the Pharmaceutical Needs Assessment (PNA) for Sunderland document will be brought back to the Board on 20<sup>th</sup> March 2015 for final approval and sign off. Under the regulation this must be published by 1<sup>st</sup> April 2015.

## **6. Key findings**

- 6.1 There are 67 pharmacies in Sunderland, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation. Sunderland is well serviced by community pharmacies, having a greater number of pharmacies per 100,000 population than the England average. There are five 100 hour pharmacies out of a total of 67 pharmacies in Sunderland which provide extended and out of hours cover for

pharmaceutical services across the city; all five open on both Saturdays and Sundays. In total, 38 pharmacies open on Saturdays and nine pharmacies open on Sundays, responding to the needs of the local population.

- 6.2 There is good provision of advanced services that seek to improve the safe and effective use of medicines. Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. When pharmacies provision is considered 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.
- 6.3 Community pharmacies make a valuable contribution to the objectives of the Joint Health & Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.
- 6.4 Possible future roles for community pharmacy to contribute to the objectives of the Joint Health and Wellbeing Strategy have been outlined.

## **7. Recommendations**

- 7.1 The Board is asked to note its statutory role in relation to pharmaceutical needs assessment, and to note the work that has been undertaken to produce an updated Pharmaceutical Needs Assessment (PNA) for Sunderland and commence the statutory consultation in line with this statutory role.
- 7.2 The Board is asked to consider and provide broad agreement for the following conclusions:
- Sunderland has an adequate number of pharmacies to meet the needs of patients who require prescriptions dispensed.
  - There is adequate provision of essential NHS pharmaceutical services across most of Sunderland, but [the Board] recognises gaps in service in the Coalfields area on Sundays and Bank Holidays.
  - 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.
  - The level of planned development is unlikely to require new pharmacy contracts to be issued for the areas of development, due to satisfactory cover from already existing pharmacies.
  - 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.
  - Community pharmacy already makes a significant contribution to the delivery of the Joint Health and Wellbeing Strategy.

7.3 The Board is asked to consider and provide broad agreement for the following recommendations:

- Commissioners take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.
- Commissioners should consider the opportunities afforded by community pharmacy enhanced services that focus on the safe and effective use of medicines and support for self-care, within the context of the current financial constraints for the health economy.
- Patterns of provision may need to be reviewed as the NHS moves towards “7 days a week” working.
- With regard to locally commissioned services, the public health team will work with the CCG to ensure that services are commissioned to meet local health needs and that any changes would serve to improve equity, access and choice.

## 8. References

1. Statutory Instrument 2013 No 349. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The Stationery Office.
2. The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. The Stationery Office.

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# **Pharmaceutical Needs Assessment for Sunderland**

**April 2015 – March 2018**

Draft Version for Consultation

Consultation period from 9<sup>th</sup> January to 10<sup>th</sup> March 2015



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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 to service delivery. The *Health and Social Care Act 2012* transferred the responsibility for developing and updating pharmaceutical needs assessments from Primary Care Trusts (PCTs) to Health & Wellbeing Boards. Each Health & Wellbeing Board must publish its first pharmaceutical needs assessment by 1 April 2015. A revised assessment must be published within three years of publication of this first assessment or sooner in response to significant changes to the availability of pharmaceutical services, provided that this would not be a disproportionate response to those changes.

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

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

A statutory public consultation will be undertaken from 9<sup>th</sup> January 2015 to 10<sup>th</sup> March 2015 to seek the views of the public and other stakeholders, on whether they agree with the contents of this pharmaceutical needs assessment. Any comments and feedback obtained from the consultation will be reflected in the final revised pharmaceutical needs assessment report.

The pharmaceutical needs assessment for Sunderland links to the health needs identified in the Joint Strategic Needs Assessment (JSNA).

This pharmaceutical needs assessment includes information on the following:

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

# 1. Introduction

## 1.1 Background

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

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

Published in April 2008, the white paper *Pharmacy in England: Building on strengths – delivering the future* set out a vision of how community pharmacy could contribute to high quality patient care and to improving the population's health and wellbeing.

More recently, in December 2013, NHS England published *Improving health and patient care through community pharmacy – a call to action*. This included a period of consultation designed to gather views on what community pharmacy services should look like in the future. It was carried out as part of the work of NHS England to redesign the whole of primary care (including GP services). NHS England is intending to publish a document describing the proposed key features of its strategic framework for commissioning community pharmacy services in the future. Recommendations from national pharmacy bodies on this NHS England consultation included:

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

In addition, there is a desire to make full use of community pharmacies to improve public health in their local communities and to “make every contact count”. The Pharmacy and Public Health Forum, which reports to Public Health England is supporting this nationally, and has published a number of key documents including:

- *Professional Standards for Public Health Practice for Pharmacy*, which align with the Faculty of Public Health's nine areas of public health practice.
- *Health on the high street: rethinking the role of community pharmacy*, which describes how public health services should be commissioned from community pharmacy.
- *Consolidating and developing the evidence base and research for community pharmacy's contribution to public health*: a progress report was also published in 2013 and examined the evidence base for community pharmacy public health interventions.

## 1.2 Purpose

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

The PNA will also be used to:

- 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 6 and 7);
- Support commissioning of high quality pharmaceutical services;
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the joint Health & Wellbeing Strategy; and
- Facilitate opportunities for pharmacists to make a significant contribution to the health of the population of Sunderland.

## 1.3 Pharmacy market

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

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



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

#### 1.4 Sunderland strategic objectives

The Sunderland Health & Wellbeing Board brings together Sunderland City Council and Sunderland Clinical Commissioning Group with a range of partners to promote integrated working between commissioners of health services, public health and social care services to improve the health and wellbeing of local people. The Health & Wellbeing Board produces a joint strategic needs assessment (JSNA) which informs the Health & Wellbeing Board on the health and wellbeing of people in Sunderland and how this compares to the rest of England. The pharmaceutical needs assessment forms an integral part of the JSNA, which informs Sunderland's joint Health and Wellbeing Strategy.

Sunderland's joint Health and Wellbeing Strategy sets out our vision to have the:

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

The priorities in the joint health and wellbeing strategy for Sunderland are as follows:

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

In addition, Sunderland health economy's *Commissioning Plan 2012-2017* and *Operational Plan 2014-2016* describe how health services and social care will work together to achieve:

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

These will be delivered through a focus on:

- Transforming out of hospital care, through integration and 7 day working;

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

Appendix 3 describes some of these priorities and how community pharmacy is, or could in the future, support the delivery of these priorities.

## **2. Pharmaceutical Needs Assessment (PNA) process**

### **2.1 PNA development group**

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

The public health team of Sunderland City Council, working alongside colleagues from South Tyneside Council, oversaw the development of the pharmaceutical needs assessment on behalf of the Sunderland Health & Wellbeing Board. In the process of undertaking the pharmaceutical needs assessment, a collaborative steering group was established October 2014. The core membership of the group included representatives from: the public health team at Sunderland City Council, Sunderland CCG, Sunderland Local Pharmaceutical Committee and a representative from the Medicines Optimisation Team at the North of England Commissioning Support (NECS) Unit. Full membership is set out in Appendix 4.

The collaborative 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 for engagement and consultation;
- Appropriate governance, including declaration of interests, and reporting arrangements.

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

### **2.2 Determination of localities**

Regulation 9 (1)(c) of the *NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* states that, in making its assessment of needs, the Health & Wellbeing Board should have regard to the different needs of different localities within its area.

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



## **2.3 Health needs**

Section 116 of the *Local Government and the Public Involvement in Health Act, 2007* created the duty to undertake joint strategic needs assessment. From April 2008, this duty sat with local authorities and PCTs. *The Health and Social Care Act, 2012* transferred this duty, with effect from April 2013, to local authorities and CCGs to be exercised by the Health & Wellbeing Board.

This pharmaceutical needs assessment is directly aligned to the Sunderland JSNA. The public health analyst identified the health needs for the PNA based on the content on the current JSNA and the council and CCG area priorities. The statement of health needs is presented in section 3 of this document.

## **2.4 Current provision**

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped. Initially this was based on information provided by the NHS England Area Team, Sunderland CCG and Sunderland City Council's integrated commissioning team.

The information was then validated using a questionnaire sent to all community pharmacies and appliance contractors. The process was undertaken during December 2014. A total of 31 out of a total of 67 community pharmacy contractors responded, which was a response rate of 46.2%.

In relation to the contractors who did not respond, only the information held by the local authority, based on information provided by the service commissioners has been used as part of the consultation draft of the PNA. The questionnaire will be re-sent to non-responding community pharmacies and appliance contractors during the consultation and figures will be adjusted accordingly in the final PNA document.

## **2.5 Future provision**

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

The pharmaceutical needs assessment will seek to assess the current and future needs of the area identifying any gaps in pharmaceutical services. These 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 & Wellbeing Boards (i.e., South Tyneside, Gateshead and County Durham);
- any other NHS services provided in or outside of Sunderland;
- likely changes to the demography of Sunderland and/or the risks to the health or well-being of people of Sunderland.

The *Equality Act, 2010* requires that in making this assessment, the needs of different population groups have been taken into account. This final PNA will be subject to an equality impact assessment. A preliminary assessment is included as Appendix 5.

## **2.6 Stakeholder engagement**

During November and December 2014 the views of the public and a range of agencies and groups were gathered in the form of a survey on Pharmacy Services. This was made available through the consultation calendar on the Sunderland Partnership website at: <http://sunderland-consult.limehouse.co.uk/portal>. The engagement team also used paper hard copy versions of the same questionnaire at a range of engagement events over the same period.

In total, 191 surveys responses have been received and these have been considered as part of the pharmaceutical needs assessment. Section 11 provides a summary of the analysis and outcomes of the public engagement.

## **2.7 Formal consultation**

The formal consultation on the draft PNA will run from 9th January to 10th March 2015, and the outcomes of will be considered as part of the final pharmaceutical needs assessment. A copy of the consultation draft and a consultation questionnaire is available at: <http://sunderland-consult.limehouse.co.uk/portal>.

The regulations require the Health and Wellbeing Board to consult for a minimum of 60 days with the following statutory consultees about the contents of the pharmaceutical needs assessment it is making:

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

Notification has been sent directly to the statutory consultees, but responses from a wide range of agencies and individuals are encouraged and welcomed.

### 3. Health needs

#### 3.1 Introduction

This section is based on the Sunderland Joint Strategic Needs Assessment (JSNA). It provides a summary of the health needs of Sunderland and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. The JSNA can be accessed at: <http://www.sunderlandpartnership.org.uk/healthy-jsna.html>.

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

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

The findings of the JSNA are based on:

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

#### 3.2 Population profile and demography

The population of Sunderland had been falling over the past 20 years. However, this decline has recently levelled off and the population is forecast to rise over the next 20 years. In the early 1990s Sunderland's population was close to 300,000. It is currently 276,080 (*source: 2013 mid-year estimate, ONS*) and is forecast to rise back up to 281,000 by 2037 (*source: 2012-based projections, ONS*). Compared to England the population of Sunderland has a higher proportion of older people. 18% of the population is currently aged 65 years or over compared with 17% across England and 18% across the North East. Older people use health and social care services more intensively than any other population group and so the absolute number of older people in Sunderland as well as the percentage of the total population has strong implications for the planning of health and care services.

Life expectancy is rising over time, and so the absolute size of the older population, and the size in proportion to the population as a whole, will grow. In Sunderland, it

is forecast that the number of older people aged 65 years and over will rise from 49,800 in 2013 to 74,000 in 2037 – an increase of 49% (*source: 2012-based projections, ONS*). The number of people in Sunderland aged 85 years and over - those with the greatest care needs – will more than double from 5,345 to around 14,000 over the same period. This forecast increase in the number of older people means that service commissioners will need to consider how the health and care needs of this growing section of the population will be met, both in terms of service capacity and workforce planning.

### **3.3 Life expectancy**

Whilst average life expectancy at birth has improved (with declines in deaths as a result of specific diseases), the city continues to lag behind the England position with an average life expectancy of 77.3 years for males and 80.9 years for females compared with 79.4 years and 83.1 years respectively for England (*source: Life expectancy at birth 2011-13, ONS*). The gap in mortality rates is demonstrated in Figures 2 and 3. These show that for both males and females, the relative gap in life expectancy between Sunderland and England (expressed as a percentage of the England life expectancy) has widened.

Around two thirds of the life expectancy gap between Sunderland and England is due to higher rates of mortality due to cardiovascular diseases (mainly coronary heart disease), cancers (mainly lung cancer) and respiratory diseases (particularly chronic obstructive airways disease); smoking is a key contributory risk factor that will impact on all three causes.

Health inequalities within Sunderland result in significant variations in mortality and life expectancy at birth between wards. For males, the gap in life expectancy at birth is around 12 years – Hendon 70.3 years compared to Washington South 82.3 years. For females, the gap in life expectancy at birth is around 8 years - Hendon 77.0 years compared to Fulwell 85.3 years (*source: Life expectancy at birth 2008-12, Local Health*).

### **3.4 Deprivation**

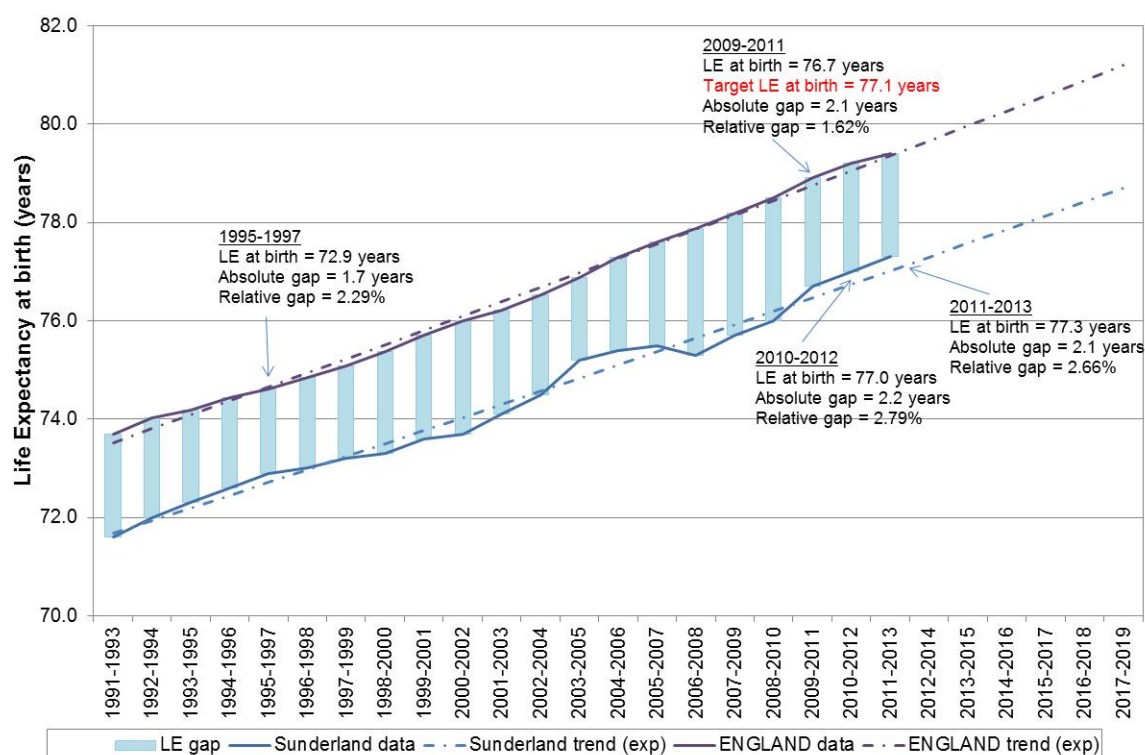
There is a substantial amount of evidence which shows that people living in the most deprived areas have worse health and health indicators than those in the most affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid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

The Index of Multiple Deprivation 2010 (IMD2010) measures socioeconomic disadvantage across seven domains:

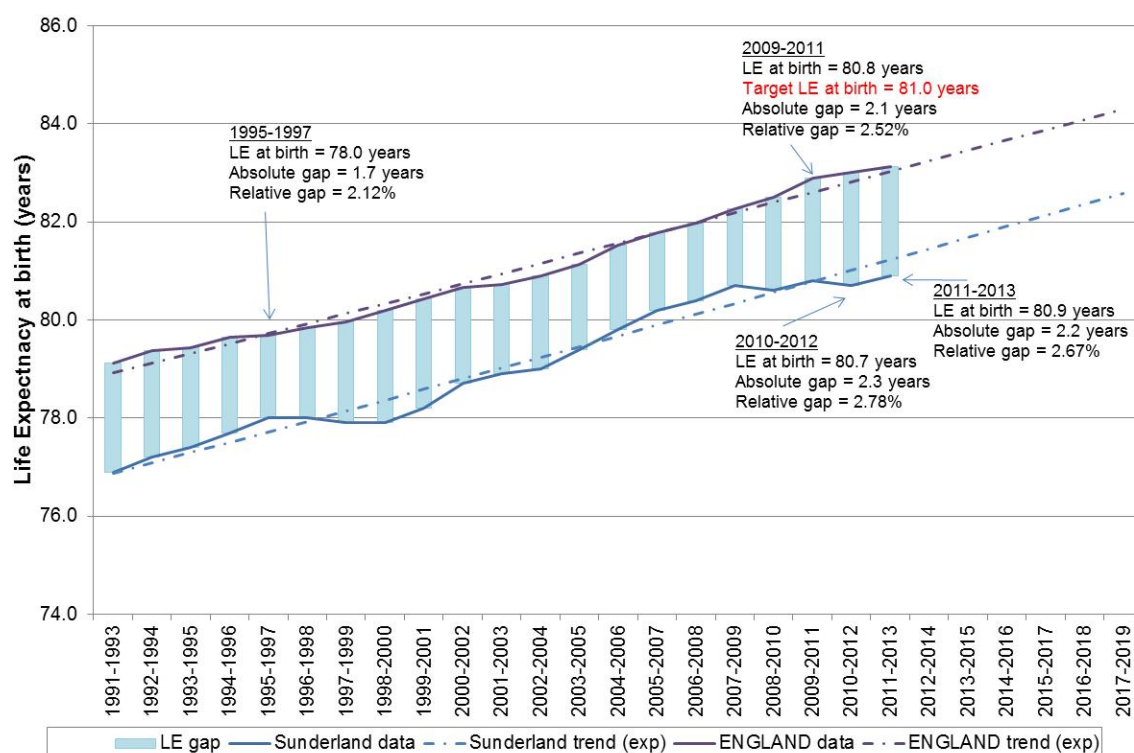
- income;
- employment;
- health;
- education;
- barriers to housing and services;
- crime, and;
- living environment.



**Figure 2: Gap in male life expectancy at birth between Sunderland and England**



**Figure 3: Gap in female life expectancy at birth between Sunderland and England**



Source: Life expectancy at birth and at age 65, England and Wales, 1991-93 to 2011-13, ONS

The overall IMD2010 is a weighted average of the indices for the seven domains. Levels of deprivation remain high within Sunderland. Seventy of Sunderland's 188 Super Output Areas are among the most disadvantaged fifth of all areas across England, and 37% of the Sunderland population lives within these super output areas.

### **3.5 Lifestyle factors affecting health outcomes**

#### **3.5.1 Smoking**

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

The proportion of adults that smoke in Sunderland fell between 2010 and 2013 from 24.6% to 23.2%, although in routine and manual groups smoking prevalence has increased from 30.6% in 2011 to 34.1% in 2013. Smoking remains a key risk factor for lung cancer and deaths rates due to this disease are 36% higher in Sunderland than the England average. Supporting people to give up smoking will make a significant contribution to reducing health inequalities between Sunderland and England.

Rates of smoking are highest among young adults aged 18-24 years, males, people from socially and economically disadvantaged communities and people in routine and manual occupational groups. At ward level, the highest rates of smoking can be found in the Castle, Hendon and St. Anne's wards.

Smoking during pregnancy remains high. According to 2013/ 14 figures, 583 women in Sunderland were recorded as smoking at the time they gave birth; this equates to 19.9% of pregnant women compared to the England average of 12.0%. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%.

One in eight smokers in Sunderland now access NHS Stop Smoking Services each year. In 2013/14, 46% of people setting a quit date had successfully quit at four weeks. NHS Stop Smoking Services have successfully targeted routine and manual occupational groups, among which the proportion of adults that smoke is highest. Young males and people from ethnic minorities are under-represented among Stop Smoking Service users.

#### **3.5.2 Alcohol**

Alcohol is another major lifestyle risk factor after tobacco use. Figures from 2007-2008 presented in the Local Alcohol Profiles for England (LAPE) showed that Sunderland had the fifth highest rate in England for binge drinking with 29.8% of those surveyed admitting to drinking more than twice the recommended amount of alcohol in a single session. Contrary to the commonly portrayed image, in Sunderland, high levels of regular binge drinking are not confined to young adults.

Alcohol misuse is a major problem within Sunderland in terms of health, social and economic consequences which affect a wide cross section of the city at a considerable cost. The pattern of drinking has a socio-economic gradient with a higher proportion of both men and women in managerial and professional households exceeding the recommended maximum intake on at least one day per week.

Against a historic trend of rising levels of alcohol related hospital admissions for both males and females in the city, there are early signs that rates may be beginning to decline. In 2013/14, there were 2,621 admissions for alcohol related harm (narrow definition), the rate of which (962 per 100,000) is significantly above the England average (638 per 100,000). Between 2010/11 and 2012/13 there were 142 under 18 admissions to hospital for alcohol specific conditions.

### 3.5.3 Substance misuse

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

Estimates of prevalence of opiate and crack cocaine use in 2011/12 (*source: Liverpool John Moores University and Glasgow Prevalence Estimation, 2014*) suggest that Sunderland has a rate of:

- 6.9 per 1,000 population aged 15-64 opiate and/or crack cocaine users (around 1,270 people) compared to an England rate of 8.4 per 1,000;
- 5.9 per 1,000 population aged 15-64 opiate users (around 1,090 people) compared to an England rate of 7.3 per 1,000;
- 3.2 per 1,000 population aged 15-64 crack users (around 590 people) compared to an England rate of 4.8 per 1,000;
- 2.6 per 1,000 population aged 15-64 injecting opiate and/or crack users (around 470 people) compared to an England rate of 2.5 per 1,000.

When engaged in effective treatment, people use fewer illicit drugs, commit less crime, improve their health and manage their health better. Preventing early drop-out and keeping people in treatment long enough to benefit contributes to these improved outcomes. In 2013/2014, there were 980 adults in effective drug treatment. During this time 353 adults started a new treatment journey, 85% of which were retained in treatment for at least 12 weeks or successfully completed treatment (*source: National Drug Treatment Monitoring System*).

### 3.5.4 Obesity

In Sunderland, 27% of adults were classed as obese and a further 42% were classed as overweight; this is higher than the England prevalence of 23% obese and 41% overweight (*source: Active People Survey, 2012*). Data from a previous local lifestyle survey suggested that the highest prevalences were within Silksworth, Millfield, Pallion, Redhill and Washington North (*source: 2008 South of Tyne and Wear Lifestyle Survey*).

The latest data from the National Childhood Measurement Programme for the school year 2013/14 shows that:

- In Sunderland, 11% of Reception class children were obese compared to 10% for England;
- In Sunderland, 23% of Year 6 children were obese, compared to 19% for England;
- In Sunderland, 13% of Reception class children were recorded with excess weight, compared to 13% for England;
- In Sunderland, 16% of Year 6 children were recorded with excess weight, compared to 14% for England.

Redhill and Southwick wards are of particular concern as they have measured obesity prevalences for Reception class children that are significantly higher than the Sunderland average, at 16% and 15% respectively (*source: NCMP 2010/11 to 2012/13, NHS Health and Social Care Information Centre*).

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

### 3.5.5 Sexual Health

Good sexual health forms a fundamental aspect of an individual's general wellbeing and state of health, and is also an important public health issue. Poor sexual health imposes significant social, economic, emotional and health costs. Significant inequalities exist within sexual health, and discrete groups of people can be identified for whom there are greater risks of experiencing sexual ill health: teenagers, women, gay men, young adults and black and minority ethnic groups.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility. With the exception of gonorrhoea, the rate of diagnosis in Sunderland of most common sexually transmitted infections is below regional and national averages (*source: Sexually transmitted infections (STIs): annual data tables 2013, Public Health England*).

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.

### 3.5.6 Teenage pregnancy

The latest full year data available for 2012 shows that there were 212 conceptions to girls aged under 18 years in Sunderland, giving a rate of 43.1 per 1,000 girls aged 15-17. This is considerably higher than both the North East rate of 35.5 per 1,000 girls aged 15-17 and the England rate of 27.7 per 1,000 girls aged 15-17. Between 1998 and 2012, Sunderland's under-18 conception rate, reduced from 63.1 per

1,000 to 43.1 per 1,000, a decrease of 32%. During the same period the rate for the North East decreased by 37% and England decreased by 51% (*source: Conception Statistics, England & Wales 2012, Office for National Statistics*).

There is a strong correlation between levels of teenage pregnancy and poverty; ward based data for Sunderland supports this. Between 2009 and 2011 rates of teenage conceptions were significantly higher than the average rate across England in the following wards: Castle, Hendon, Hetton, Redhill, Sandhill, Southwick, and Washington North.

### **3.6 Cancers**

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. However, within Sunderland, cancer remains a significant cause of premature death (death under 75 years) and health inequalities. Cancer is the commonest cause of premature death in Sunderland with a death rate 171 per 100,000 person aged under 75. The rate of premature mortality from cancer considered preventable is 105 per 100,000 population aged under 75. Both rates are significantly higher than the England average, but not significantly different from the regional average (*source: Public Health Outcomes Framework, November 2014*).

### **3.7 Long term conditions**

A long term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The prevalence of long term conditions increases with age and the proportion of the population with multiple long term conditions also increases with age. People from lower socio economic groups have increased risk of developing a long term condition; better management can help to reduce health inequalities (*source: Long Term Conditions Compendium of Information, 3<sup>rd</sup> Edition, Department of Health, 2012*).

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

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

For all of the conditions listed below, the identification of patients who already have or who are at risk of developing disease and successful management of their conditions are important to the efforts to reduce premature mortality, morbidity and inequalities in health.

#### **3.7.1 Cardiovascular disease**

Cardiovascular disease (CVD) covers a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral

vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease, and is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment. However, within Sunderland, cardiovascular disease remains a significant cause of premature death (death under 75 years) and health inequalities. Cardiovascular disease is the second commonest cause of premature death in Sunderland with a death rate of 95 per 100,000 person aged under 75. The rate of premature mortality from cardiovascular disease considered preventable is 61 per 100,000 population aged under 75. Both rates are significantly higher than the England average, but not significantly different from the regional average (*source: Public Health Outcomes Framework, November 2014*).

The recorded (diagnosed) prevalence for key cardiovascular long term conditions is higher for Sunderland than the England average as follows (*source: Quality and Outcomes Framework (QoF), 2013/14 NHS Health and Social Care Information Centre*):

- For coronary heart disease, recorded prevalence in Sunderland is 5.0% (around 14,060 persons) compared to a prevalence of 3.3% in England;
- For stroke, recorded prevalence in Sunderland is 2.2% (around 6,160 persons) compared to a prevalence of 1.7% in England.

Prevalence estimates based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland (*source: Cardiovascular Disease Profiles 2014, Public Health England*):

- For coronary heart disease, 5.6% of the population or around 15,870 persons – this means that there could be around 1,810 persons in the population whose condition is undiagnosed.
- For stroke, 2.4% of the population or around 6,800 persons - this means that there could be around 640 persons in the population whose condition is undiagnosed.

### 3.7.2 Hypertension

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

The recorded (diagnosed) prevalence for hypertension is higher for Sunderland than the England average as follows (*source: Quality and Outcomes Framework (QoF), 2013/14 NHS Health and Social Care Information Centre*):

- For hypertension, recorded prevalence in Sunderland is 16.6% (around 47,120 persons) compared to a prevalence of 13.7% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland (*source: Cardiovascular Disease Profiles 2014, Public Health England*):

- For hypertension, 26.5% of the population or around 75,120 persons – this means that there could be around 28,000 persons in the population whose condition is undiagnosed.

### 3.7.3 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 prevention activities to tackle obesity and lifestyle choices about diet and physical activity.

The recorded (diagnosed) prevalence for diabetes is higher for Sunderland than the England average as follows (*source: Quality and Outcomes Framework (QoF), 2013/14 NHS Health and Social Care Information Centre*):

- For diabetes, recorded prevalence in Sunderland is 6.5% (around 14,990 persons aged 17 and over) compared to a prevalence of 6.2% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland (*source: Cardiovascular Disease Profiles 2014, Public Health England*):

- For diabetes, 7.5% of the population or around 17,410 persons aged 17 and over – this means that there could be around 2,420 persons in the population whose condition is undiagnosed.

### 3.7.4 Chronic Obstructive Pulmonary Disease

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

Within Sunderland, respiratory diseases are a significant cause of premature death (death under 75 years) and health inequalities. Respiratory disease is a common cause of premature death in Sunderland with a death rate of 46 per 100,000 person aged under 75. The rate of premature mortality from respiratory disease considered preventable is 28 per 100,000 population aged under 75. Both rates are significantly higher than the England average, but not significantly different from the regional average (source: *Public Health Outcomes Framework, November 2014*).

The recorded (diagnosed) prevalence for COPD is higher for Sunderland than the England average as follows (source: *Quality and Outcomes Framework (QoF), 2013/14 NHS Health and Social Care Information Centre*):

- For COPD, recorded prevalence in Sunderland is 3.2% (around 9,150 persons) compared to a prevalence of 1.8% in England.

The prevalence estimate based on the published evidence suggest that the underlying prevalence in the population – including both diagnosed and undiagnosed disease – is more likely to be as follows in Sunderland (source: *Cardiovascular Disease Profiles 2014, Public Health England*):

- For COPD, 5.0% of the population or around 11,970 persons – this means that there could be around 2,820 persons in the population whose condition is undiagnosed.

### **3.8 Summary of health needs analysis**

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

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

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

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

In 2012 the work by the Kings Fund 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. The



report concluded that in order to improve the public health in lower socio-economic groups a holistic approach is needed encompassing multiple unhealthy behaviours. In response, Sunderland City Council has commissioned an Integrated Wellness model that can provide services for people with multiple unhealthy lifestyle behaviours, using an integrated and personalised approach. The service will be underpinned by community participation and will work with existing community assets.

Preventing premature deaths due to cancer, cardiovascular disease and respiratory disease remains a priority for health partners across the city. This requires a targeted approach to reducing the gap in life expectancy. Current strategic plans include a strong focus on identifying and managing long term conditions, including through self-care.

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

Sunderland's Better Care Fund will bring together social care, primary and community health resources into co-located, community focussed, multi-disciplinary teams, linking seamlessly into hospital based services. Within Sunderland it is recognised that integration of health and social care services needs to involve mental health services.

### 3.8.1 For children and young people

The JSNA identified a range of broad priorities for children and young people linked to providing the best start in life. These include:

- Tackling child poverty
- A focus on safeguarding
- Raising education achievement
- Improving the quality and affordability of housing
- Re-orienting services toward prevention and early intervention

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

- Supporting adults to stop smoking, with a particular emphasis on reducing the prevalence of smoking during pregnancy, and work to protect children from second hand smoke
- Promotion of breastfeeding
- Tackling childhood obesity with a focus on prevention
- Prevention of teenage pregnancy and promotion of healthy sexual behaviours, through provision of contraception, dual screening for chlamydia and gonorrhoea, and sexual health promotion
- Support for increasing the uptake of childhood immunisations

- Support for emotional wellbeing and the development of resilience.

### 3.8.2 Adults of working age

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

- Improving the quality of place for Sunderland
- Promoting good quality work and improving workforce health
- Delivering an education and skills strategy that supports people to get ready for school, ready for life and ready for work
- Promoting understanding between communities and organisations
- A focus on safeguarding.

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

- Improving levels of awareness of cancer screening programmes and early signs and symptoms to improve the early detection of cancer
- Supporting the NHS Health Check programme with a focus on harder to reach populations
- Supporting the diagnosis and management of long term conditions including through the new medicines service, medicines use reviews and signposting
- Taking a holistic approach to tackling lifestyle issues within the Sunderland integrated wellness model, acting as Health Champions, and through the healthy living pharmacy programme
- Providing evidence based interventions for stop smoking, sexual health, alcohol consumption, and drug misuse
- Promoting self-care to support people to manage their own health conditions where appropriate and reduce the burden on GP and hospital services.

### 3.8.3 Older people

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

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

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

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

## 4. Pharmacies

### 4.1 Overview

In Sunderland, there are currently 67 pharmacies made up of 61 Non-exempt category pharmacies (including 3 dispensing appliance contractors), 1 distance selling pharmacy and 5 hundred-hour pharmacies. There are no Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) and no dispensing doctors.

The latest available data (for 2012-13) indicates that the national average number of community pharmacies is 21 per 100,000 population; this equates to one pharmacy per 4,700 population. With 67 pharmacies in Sunderland and a population of 276,080 (based on ONS 2013 mid-year population estimates), the average number of community pharmacies is 24 per 100,000 population; this equates to one pharmacy per 4,100 population.

There has been an increase of 5 pharmacies since the last pharmaceutical needs assessment was undertaken; this includes a further three 100 hour pharmacies.

**Table 1: Number of community pharmacies, by type of pharmacy**

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

SOURCE: NHS England Area Team, 2014.

Any organisation can commission services from community pharmacies. NHS England commissions 'pharmaceutical services' (see section 6), whilst local authorities and CCGs commission 'locally commissioned services' (see section 7).

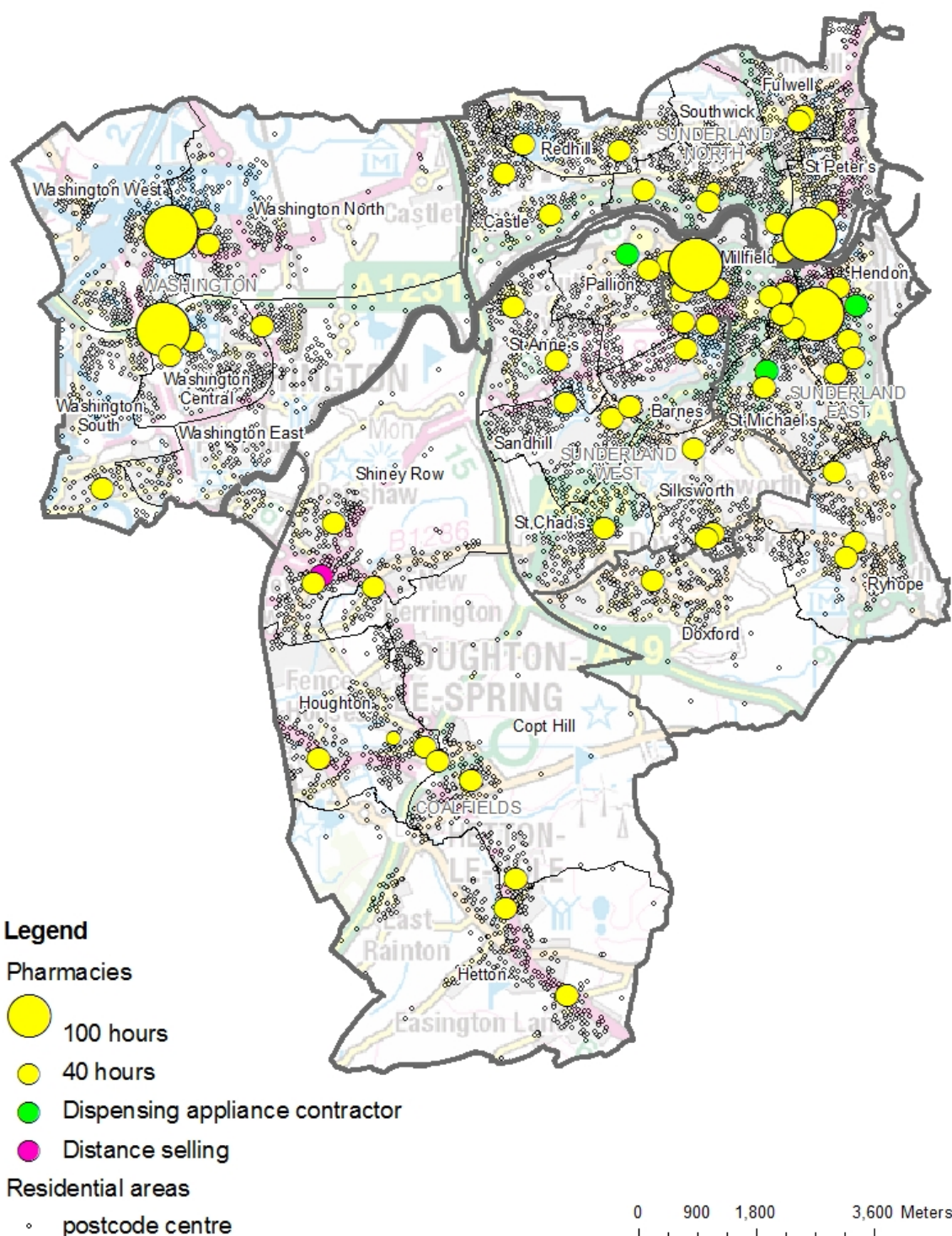
Figure 4 shows the current provision of essential pharmaceutical services within the Sunderland local authority boundary. **A further map in Appendix 1 additionally shows the location of pharmacies over the border in South Tyneside, Gateshead and Durham which may provide services to residents of Sunderland. These maps will be continually updated and will be used in the determination of pharmacy applications.**

### 4.2 Dispensing appliance contractors

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

**Figure 4: location of essential pharmaceutical services within Sunderland, November 2014**

## Sunderland - pharmacy provision, November 2014



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There are three appliance contractors in Sunderland. However, in addition to this there are ten community pharmacies that provide stoma services.

### **4.3 100 hour pharmacies**

Previous regulation provided an exemption to the control of entry system for premises which are kept open for at least 100 hours per week for the provision of pharmaceutical services. Such 100 hour pharmacies provide extended and out of hours cover for pharmaceutical services across the city. The new control of entry system came into force on 1st September 2012 whereby decisions on pharmacy contract applications 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 five 100 hour pharmacies within Sunderland; two located in Sunderland East (which includes the city centre), one in Sunderland North, and two in Washington (which includes the Galleries shopping centre). There are also a number of community pharmacies that provide extended hours which are detailed in section 5.5.

### **4.4 Distance selling pharmacies**

Distance selling pharmacies are required to deliver the full range of essential services, but the means of providing those services are such that all persons receiving them do so, otherwise, than at those premises. There is one distance selling pharmacy situated in Shiney Row.

### **4.5 Essential small pharmacies local pharmaceutical services (ESPLPS)**

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

### **4.6 Dispensing Doctors**

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

### **4.5 Out of area providers of pharmaceutical services**

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Sunderland area that provide dispensing services to the registered population of Sunderland (see Appendix 1).

Prescriptions written by prescribers within Sunderland, which have been dispensed outside of the area, have been identified using data from e-PACT for 2013/14. This shows that Sunderland GP practices generated prescriptions for 7,753,821 prescription items; the total number of prescription items dispensed by Sunderland community pharmacies was 7,049,029 (90.9%) and 704,792 prescription items (9.1%) were dispensed by pharmacies outside of Sunderland. It is assumed that these pharmacies provide the full range of essential services.

## 5. Access to community pharmacies

### 5.1 Number, type of pharmacies and geographical distribution

**Table 2: Distribution of community pharmacies, by locality**

Sunderland Locality	Number of community pharmacies				
	Non-exempt Pharmacy	Non-exempt DAC	Distance selling	100 hour	TOTAL
Coalfields	11	0	1	0	12
East	15	2	0	2	19
North	12	0	0	1	13
West	14	1	0	0	15
Washington	6	0	0	2	8
SUNDERLAND	58	3	1	5	67

SOURCE: NHS England Area Team, 2014.

Table 2 shows the distribution of community pharmacies by locality.

**Table 3: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality**

Sunderland Locality	No of community pharmacies	Mid 2012 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Coalfields	12	46,280	25.9	3,857
East	19	56,055	33.9	2,950
North	13	55,077	23.6	4,237
West	15	63,251	23.7	4,217
Washington	8	55,080	14.5	6,885
SUNDERLAND	67	275,743	24.3	4,116
ENGLAND	11,495	53,493,729	21.5	4,654

SOURCE: NHS England Area Team, 2014

Consideration of the number of pharmacies compared to the resident population (based on ONS 2012 mid-year population estimates) is shown in Table 3. This shows that Sunderland is well serviced by community pharmacies, having a greater number of pharmacies per 100,000 population than the England average. Sunderland East is particularly well served which allows for more patient choice and easier access. Whilst Washington has a smaller number of pharmacies per 100,000 population than the England average, it is well served by two 100 hour pharmacies.



**Table 4: Average number of prescription items issued per pharmacy**

Sunderland Locality	No of community pharmacies	Number of prescription items issued by practices	Number of prescription items dispensed by pharmacies	Average no. of prescription items dispensed per pharmacy
Coalfields	12	1,449,070	1,264,760	105,397
East	19	1,429,381	1,787,261	94,066
North	13	1,294,065	1,472,525	113,271
West	15	2,179,961	1,520,246	101,350
Washington	8	1,259,070	1,225,418	153,177
SUNDERLAND	67	7,611,547	7,270,210	108,511

SOURCE: Sunderland CCG Medicines Optimisation Team, 2013/14

To assess the average activity levels, local data was provided by Sunderland CCG where it was possible to map prescribing and dispensing activity to localities. This shows that on average community pharmacies in Sunderland dispensed around 108,500 prescription items per year during 2013/14. In Sunderland East where the number of pharmacies per 100,000 population is greatest, each community pharmacy dispenses on average 94,000 prescription items per year, whereas in Washington where the number of pharmacies per 100,000 population is lowest, each community pharmacy dispenses on average 153,000 prescription items per year.

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

## 5.2 Access to pharmacies in areas of high population density

**Figure 5: Access to pharmacies in areas of high population density in Sunderland**

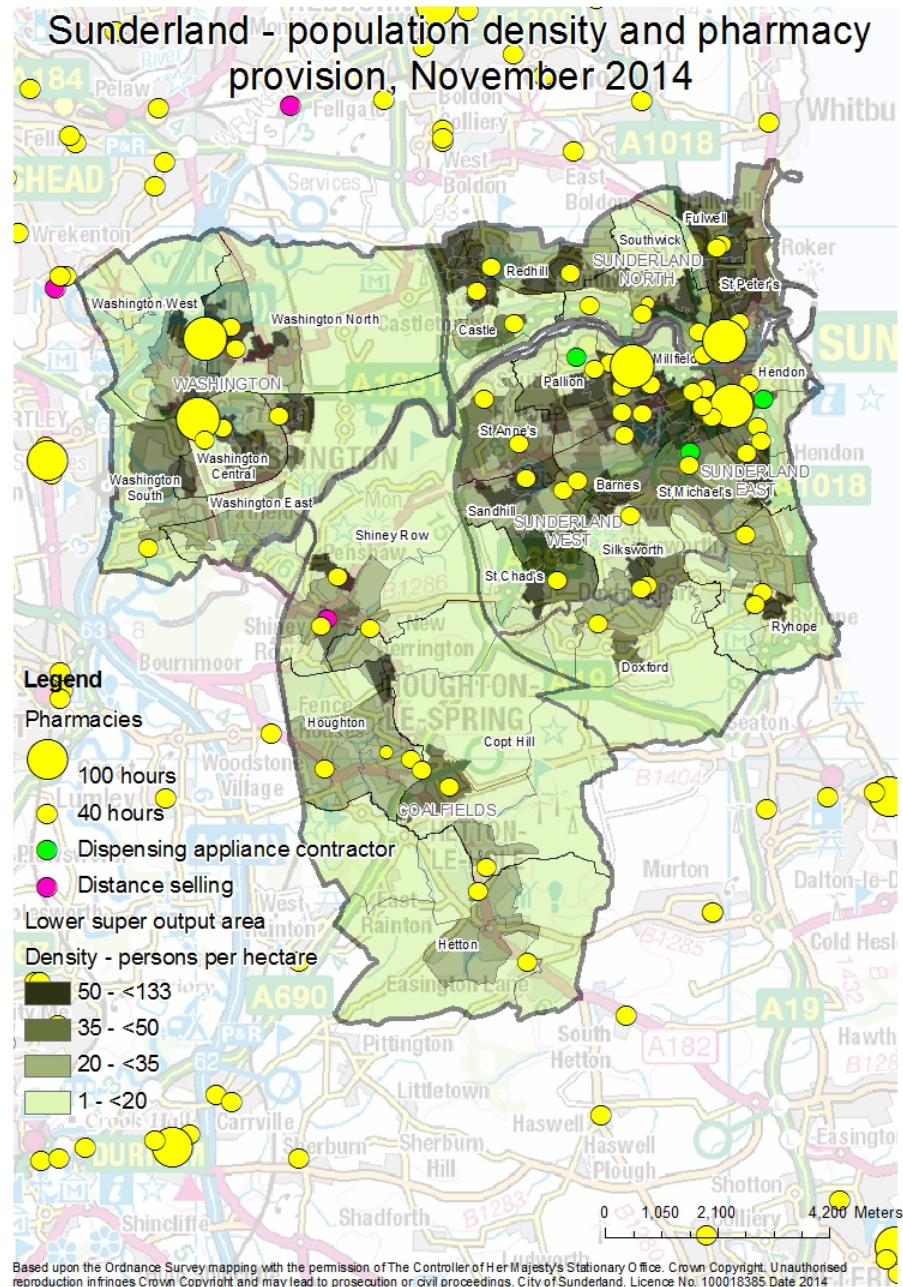


Figure 5 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas of high population density.

### 5.3 Access to pharmacies for elderly people

**Figure 6: Access to pharmacies in areas with a high proportion of the population aged 65 years and over, in Sunderland**

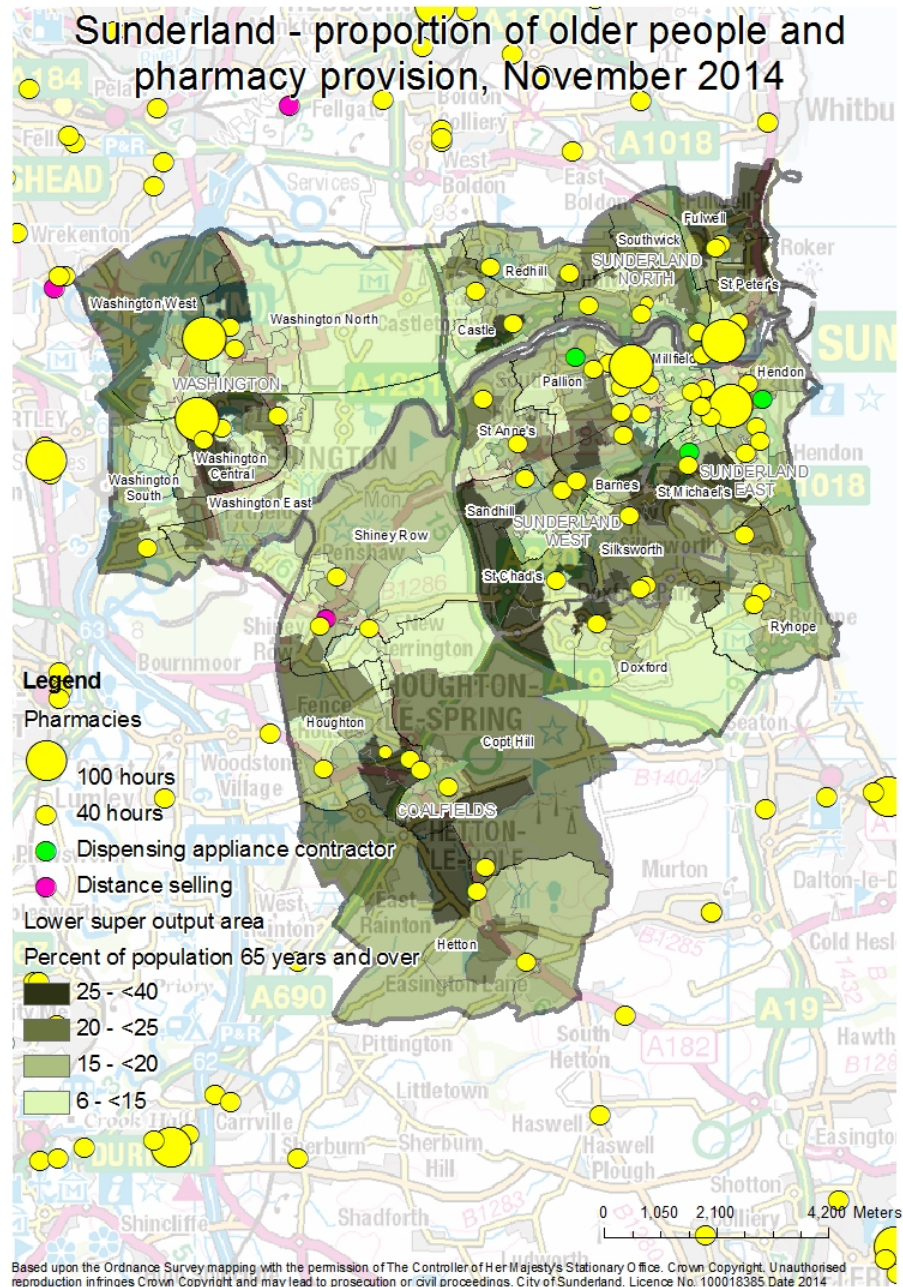


Figure 6 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas with a high proportion of the population aged 65 and over.



## 5.4 Access to pharmacies in areas of high deprivation

**Figure 7: Access to pharmacies in areas with high levels of deprivation (based on the Index of Multiple Deprivation 2010), in Sunderland**

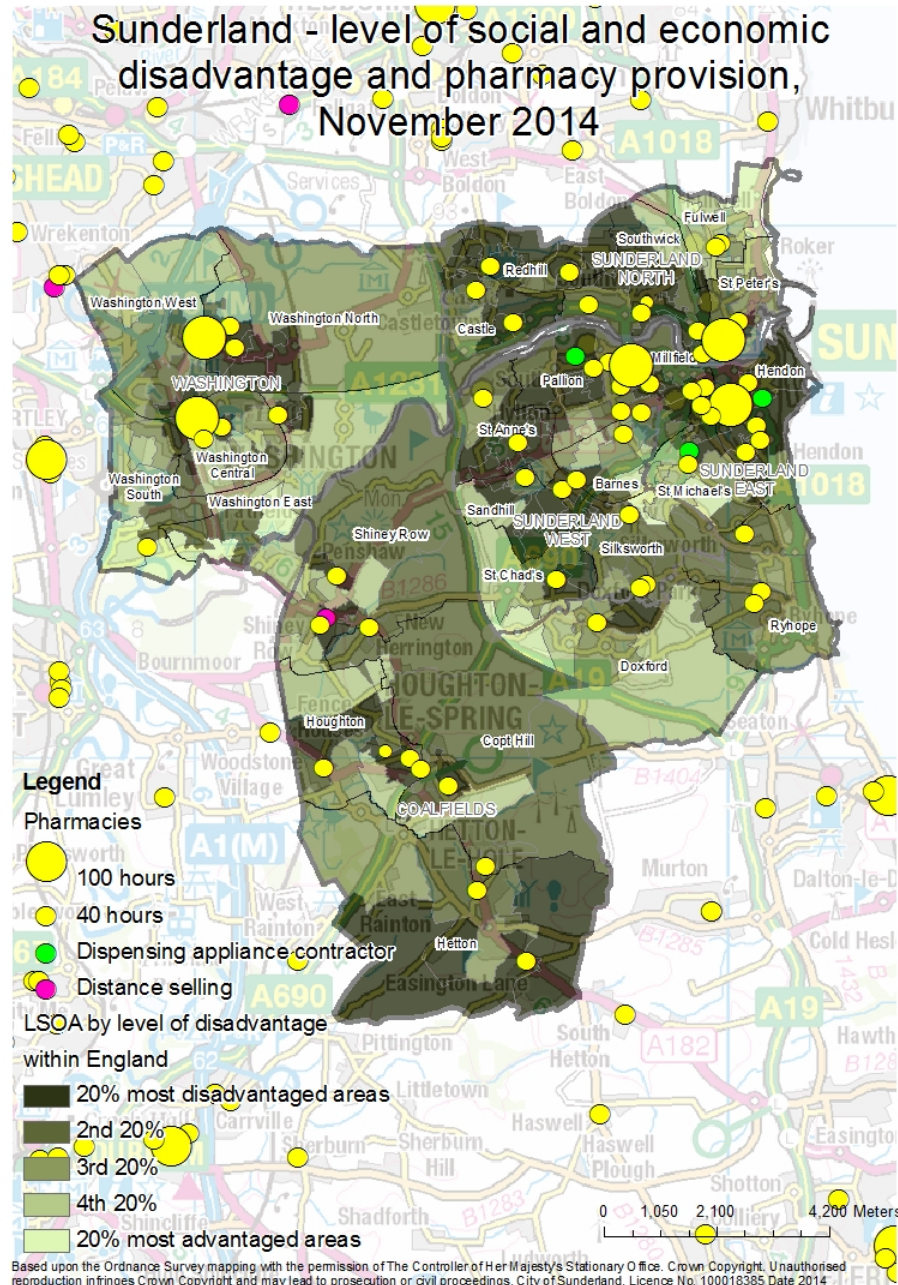


Figure 7 shows that there is a good distribution and sufficient provision of community pharmacies in or near to areas with the highest levels of deprivation. This is in line with research findings from Durham University which concluded that, across England, 89% of the population in lived within a 20 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.

## 5.5 Access to pharmacies by opening hours

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

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

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

In Sunderland, 81% of pharmacies open for more than the core contract hours. Table 5 and the charts that follow illustrate how important supplementary hours are to the provision of good access to pharmaceutical services. There are currently five '100 hour' pharmacies out of a total of 67 pharmacies in Sunderland which provide extended and out of hours cover for pharmaceutical services across the city; all five open on both Saturdays and Sundays. There are currently 33 pharmacies in Sunderland that are not 100 hour pharmacies that open on Saturdays and four pharmacies that are not 100 hour pharmacies that open on Sundays, responding to the needs of the local population.

**Table 5: distribution of the number of hours that pharmaceutical services are available each week in Sunderland**

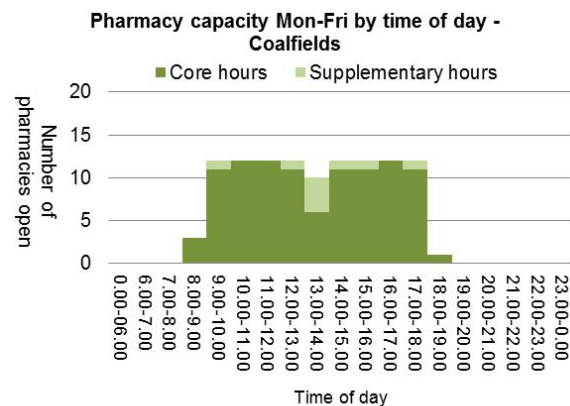
Number of hours	Number of pharmacies	%
Exactly 40 hours	13	19.4
More than 40 and up to 45 hours	17	25.4
More than 45 and up to 50 hours	16	23.9
More than 50 and up to 55 hours	9	13.4
More than 55 and up to 60 hours	4	6.0
More than 60 and up to 80 hours	1	1.5
More than 80 and less than 100 hours	2	3.0
Exactly 100 hours	5	7.5

Source: NHS England Area Team, November 2014

Figures 8a to 8r on the following pages provide a summary of the opening hours of community pharmacies in Sunderland, split between weekdays and weekend provision. For the week days a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days.

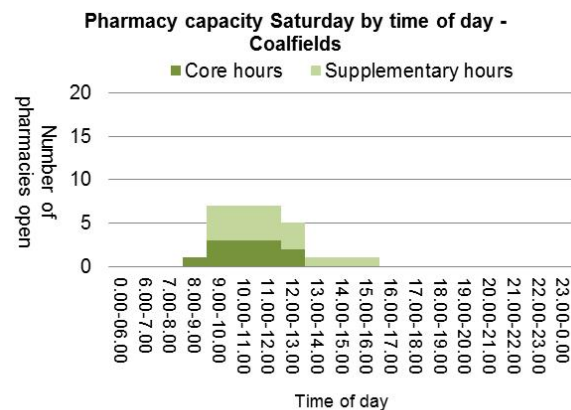
## Coalfields

**Figure 8a**



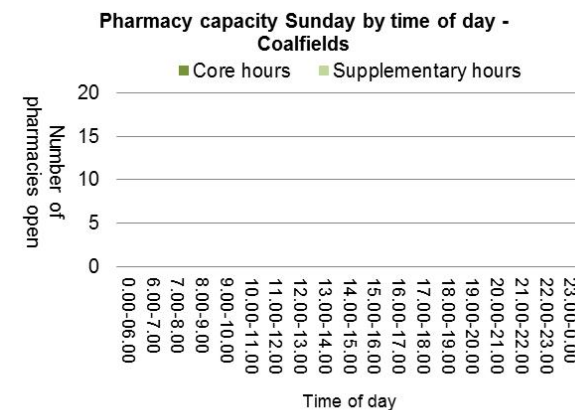
Population: 46,000 mid-year 2012 (ONS)

**Figure 8b**



Population: 46,000 mid-year 2012 (ONS)

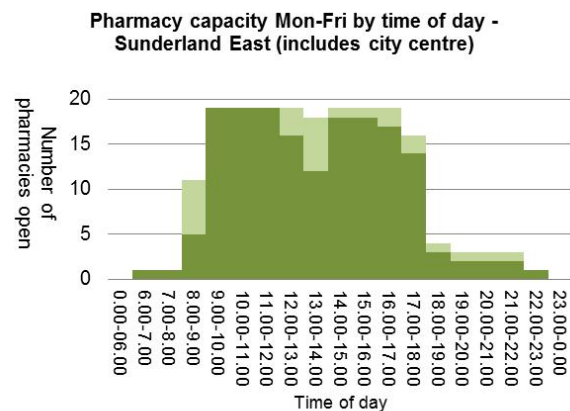
**Figure 8c**



Population: 46,000 mid-year 2012 (ONS)

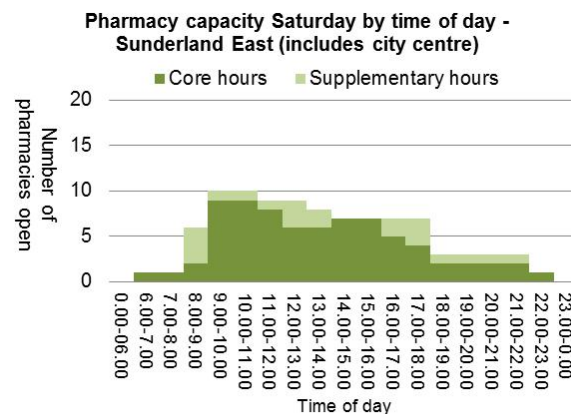
## Sunderland East

**Figure 8d**



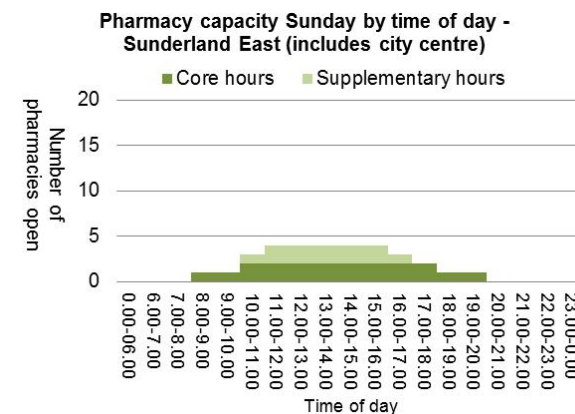
Population: 56,000 mid-year 2012 (ONS)

**Figure 8e**



Population: 56,000 mid-year 2012 (ONS)

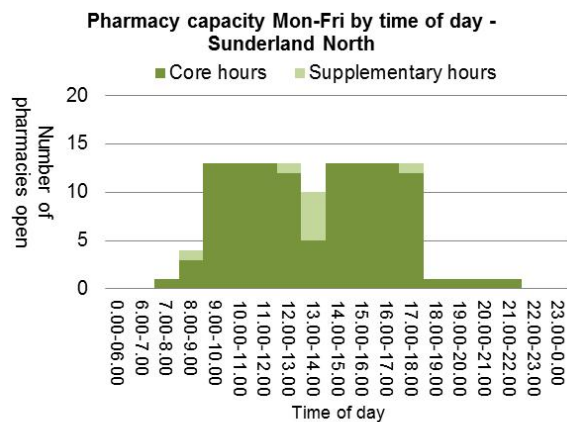
**Figure 8f**



Population: 56,000 mid-year 2012 (ONS)

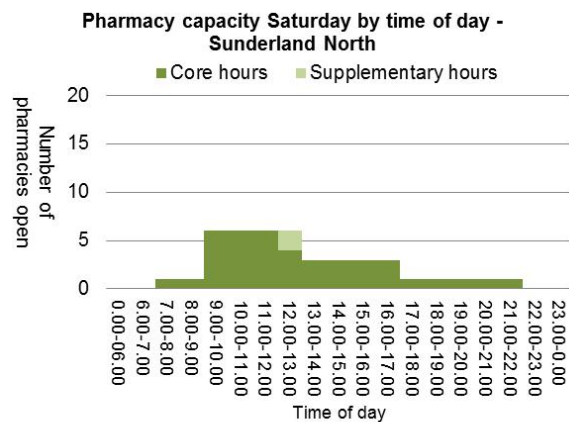
## Sunderland North

**Figure 8g**



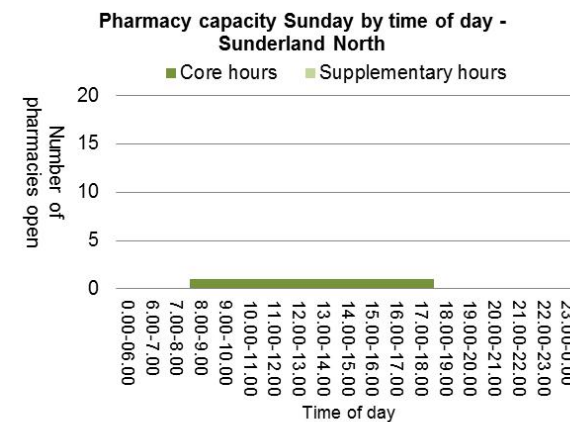
Population: 55,000 mid-year 2012 (ONS)

**Figure 8h**



Population: 55,000 mid-year 2012 (ONS)

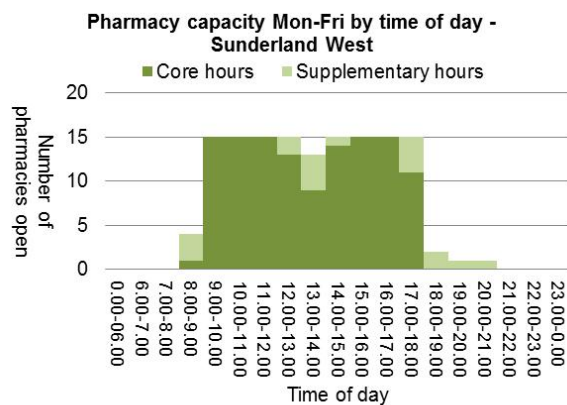
**Figure 8j**



Population: 55,000 mid-year 2012 (ONS)

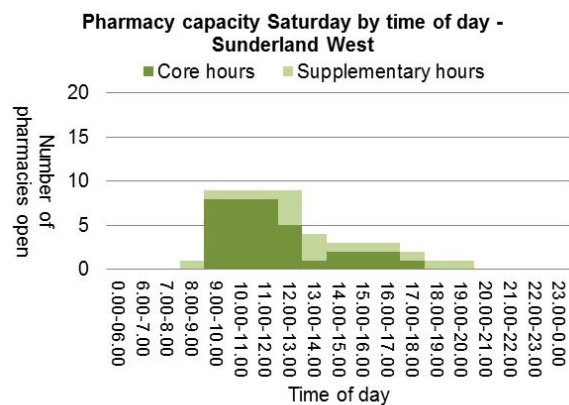
## Sunderland West

**Figure 8k**



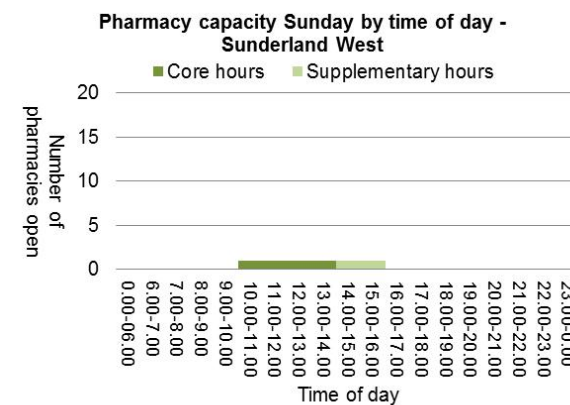
Population: 63,000 mid-year 2012 (ONS)

**Figure 8m**



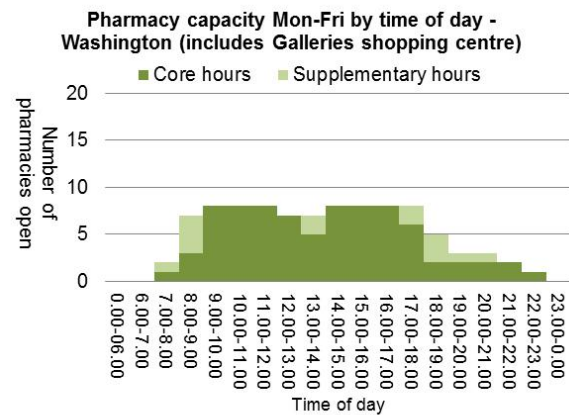
Population: 63,000 mid-year 2012 (ONS)

**Figure 8n**



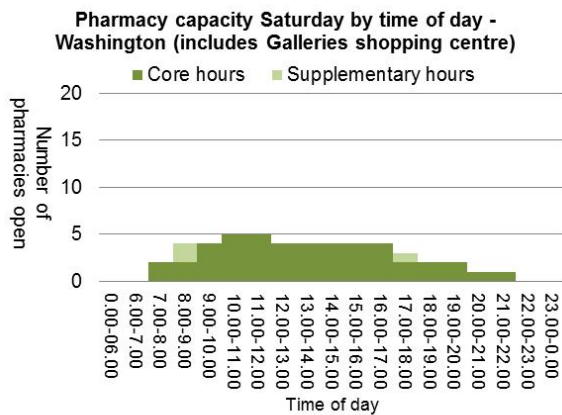
Population: 63,000 mid-year 2012 (ONS)

## Washington Figure 8p



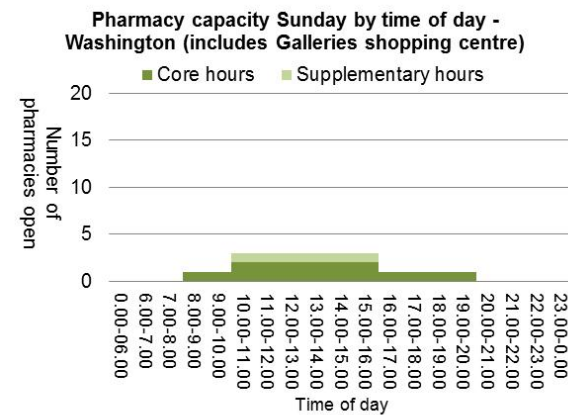
Population: 55,000 mid-year 2012 (ONS)

## Figure 8q



Population: 55,000 mid-year 2012 (ONS)

## Figure 8r



Population: 55,000 mid-year 2012 (ONS)



## 5.6 Ease of access to pharmacies

Access to community pharmacy across Sunderland is well provided for during the hours from 9.00 am until 6.00 pm on weekdays in all localities. There is some provision on weekday evenings in all localities, though this is limited in time within the Coalfields area (see Figure 8a) and is entirely reliant upon supplementary hours in Sunderland West area (see Figure 8k).

In total, 38 pharmacies across the city open on Saturdays. All of these pharmacies open on Saturday mornings, and there is access in all localities. Fewer pharmacies are open on Saturday afternoons, and choice and time are limited within the Coalfields area (see Figure 8b). 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 is not sufficient demand to justify longer opening.

In total, nine pharmacies across the city open on Sundays, responding to the needs of the local population. There is provision from 8.00 am until 8.00 pm in the Sunderland East and Washington areas (see Figures 8f and 8r), from 8.00 am until 6.00 pm in the Sunderland North area (see Figure 8j), and from 10.00 am until 4.00 pm in the Sunderland West area (see Figure 8n). There is no provision within the Coalfields area on a Sunday (see Figure 8c).

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; it takes just over 20 minutes to access the nearest main centre, such as the Galleries in Washington, by public transport from Shiney Row.

## 5.7 Improving access

### 5.7.1 Electronic prescription service

The electronic prescription service seeks to make the prescribing and dispensing process more efficient and convenient for both patients and staff. Prescriptions can be sent directly from the GP's computer to the computer in the community pharmacy via a secure internet link. Eventually the paper prescription, which is currently given to the patient, will no longer be necessary and will cease to be the legal prescription. This will streamline the transfer of prescriptions from GP surgery to the community pharmacy nominated by the patient. It will also encourage more GPs to use the repeat dispensing scheme in the future.

**Release 1:** In EPS release 1, the paper prescription form remained the legal prescription with a parallel electronic message flow linked via a barcode on the prescription which could be used to support the processing of the paper prescription.

EPS Release 1 was not intended to deliver significant direct benefits, but rather to provide a safe environment to establish the EPS infrastructure without the risk of disruption to the supply of medicines to patients.

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

Sunderland City Council has undertaken a survey of community pharmacies to assess how many are currently using the electronic prescription service. Currently responses have been received from 31 pharmacies (a response rate of 46.2%). Table 6 is based on these responses.

**Table 6: electronic prescription service**

EPS status	Number of pharmacies	%
Release 1 enabled	1	3.2
Release 2 enabled	30	96.8
Intending to become Release 1 enabled within next 12 months	0	0.0
Intending to become Release 2 enabled within next 12 months	0	0.0
No plans for EPS at present	0	0.0
TOTAL	31	100.0

Source: Survey of community pharmacies, December 2014

Table 6 shows that all of the community pharmacies that responded to the survey were enabled for electronic prescriptions. Thirty community pharmacies (96.8%) were enabled for release 2 and 8 of these reported also being enabled for release 1. A further 1 community pharmacy (3.2%) reported being enabled for only release 1. It should be noted that routine use of electronic prescriptions in the local health economy is dependent on its adoption by both local practices and community pharmacies.

#### 5.7.2 Collection and delivery services

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

Based on the responses to the pharmacy survey, 21 out of 31 respondents stated that their pharmacy provides a prescription collection service. As electronic prescriptions become more widely used, the need for prescription collection services will diminish, as the prescriptions will be sent electronically to the pharmacy which the patient has chosen.

Based on the responses to the pharmacy survey 30 out of 31 respondents stated that their pharmacy provides a medicines delivery service. The majority of these stated that they would deliver to any patient.

### 5.7.3 Distance selling

Some pharmacies offer dispensing services which are available over the internet or by telephone. Delivery is then made by post, carrier or through a branch network. It is not known how many Sunderland residents currently use these services and it is therefore difficult to assess the impact that they might have on the pharmacy market.

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

## **5.8 Disability access**

To comply with the Disability Discrimination Act 2005, community pharmacies must make reasonable provision for access by patients who have disabilities. The Equality Act 2010 sets out a framework which requires service providers not to discriminate against persons with a disability. A person is regarded as being disabled if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service then the service provider must consider what reasonable adjustments are needed to overcome that obstacle. Common adjustments in community pharmacy include:

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

Sunderland City Council has undertaken a survey of community pharmacies to assess how accessible they are for wheelchair users. Currently responses have been received from 31 pharmacies (a response rate of 46.2%). Table 7 is based on these responses.

**Table 7: disability accessibility issues**

Number of community pharmacies	Wheelchair accessible consultation room	Wheelchair accessible toilets
Without a	2	2
With a	28	3

Source: Survey of community pharmacies, December 2014

Of the 31 respondents to the survey, 28 (90.3%) stated that they had a consultation room that matched the criteria for the medicines use review service and was wheelchair accessible. A further 2 (6.5%) stated that they had a consultation room that matched the criteria for the medicines use review service but that this was not wheelchair accessible. One respondent stated that they did not currently have a consultation room that matched the criteria for the medicines use review service, but planned to have one within the next year.

Of the respondents to the survey, 3 (9.7%) stated that patients attending for consultations have access to toilet facilities that are wheelchair accessible. A further 2 (6.4%) stated that patients attending for consultations have access to toilet facilities but that these are not wheelchair accessible. Nineteen respondents (61.3%) stated that staff toilets could be used in an emergency and a further 7 (22.6%) stated that there were no toilets available for patients.

Most community pharmacies have made arrangements to ensure that disabled people can access their pharmacy and consultation rooms.

## 5.9 Future housing developments

Table 8 and Figure 9 shows the future housing developments set out in the current preferred options for the Sunderland Local Plan (August 2013). This level of development is intended to combat the declining population in Sunderland and in particular to reduce the outward migration of the younger working age population (i.e., those aged 20-39 years).

**Table 8: future housing developments in Sunderland**

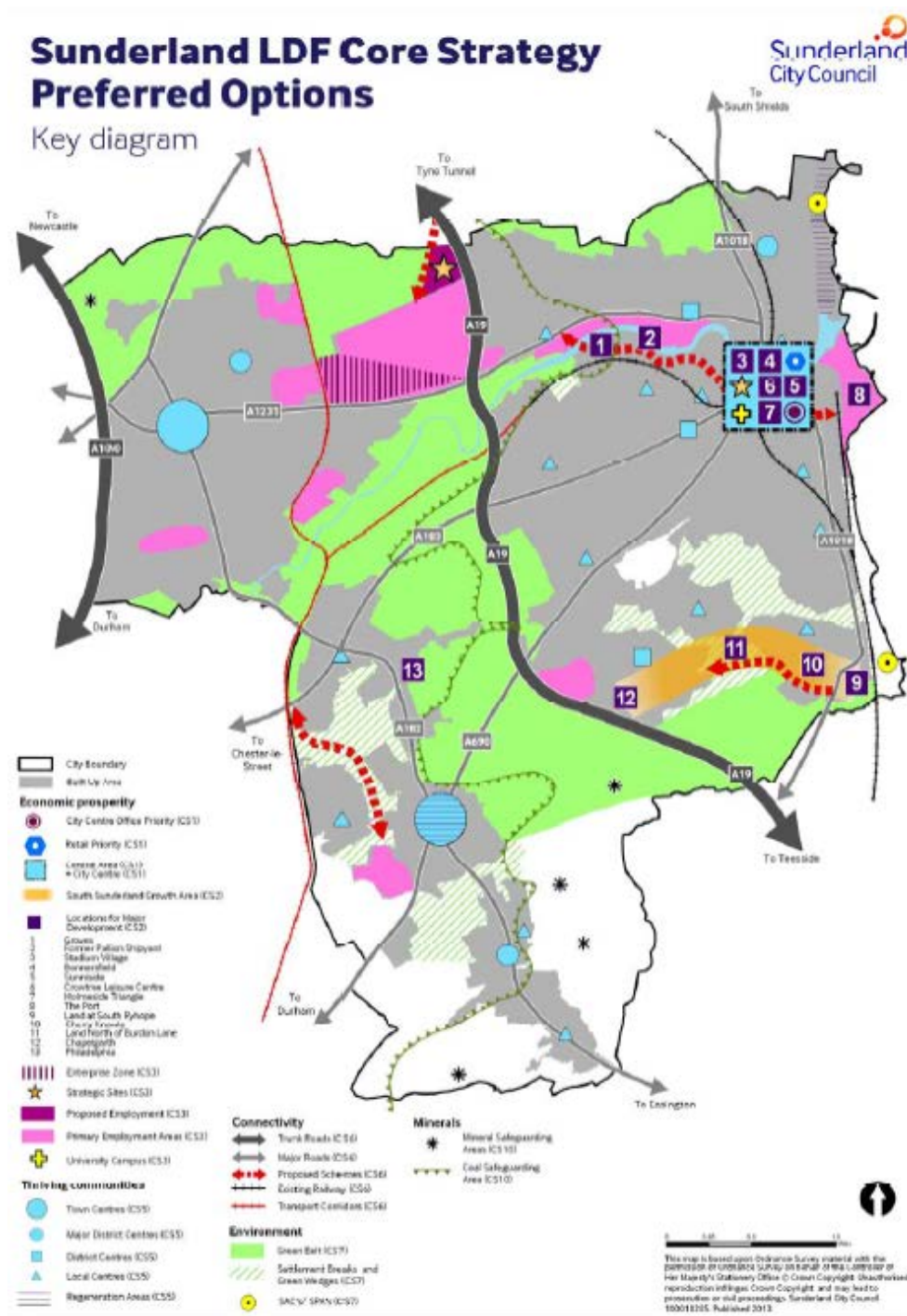
Sunderland Locality	2012/13	2013/14	2014/15	2015/16	2016/17
Coalfields	640	730	805	830	3,005
Central area	480	548	604	623	2,254
North area	256	292	322	332	1,202
South area	1,632	1,861	2,053	2,117	7,663
Washington	192	219	242	249	902
SUNDERLAND	3,200	3,650	4,026	4,151	15,027

Source: Sunderland Local Plan, draft revised preferred options, August 2013

The Local Plan uses slightly different localities than those in this document as follows:

- The Coalfields area is the largest but least densely populated area; it is made up of a number of former mining towns and villages centred on Houghton-le-Spring and Hetton-le-Hole.
- The Central area (within Sunderland East) is a small geographic area close to the mouth of the Wear which straddles both sides of the river; it contains the main commercial and administrative area of Sunderland including the City Centre.

**Figure 9: future housing developments in Sunderland (shown as purple squares)**



Source: Sunderland Local Plan, draft revised preferred options, August 2013

- The South Sunderland area (comprising the rest of Sunderland East and Sunderland West) is the most populated; its northern part along the River Wear is urbanised and densely developed, and its southern part is made up of distinct settlements and is bounded by Green Belt.
- The North Sunderland area is highly urbanised with new high-quality business areas along the riverside; the focus is currently on the regeneration of the Seafront.
- Washington was built in the 1960s as part of the New Town programme; it was developed as a series of villages, interspersed with modern employment estates and extensive green areas.

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

**After considering all the elements of the PNA, Sunderland Health & Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across most of Sunderland, but recognises gaps in service in the Coalfields area on Sundays and Bank Holidays. Sunderland Health & Wellbeing Board considers that the existing 100 hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed.**

**The level of planned development is unlikely to require new pharmacy contracts to be issued for the areas of development, due to satisfactory cover from already existing pharmacies.**

## 6. Pharmaceutical services

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

NHS England is the only organisation that can commission pharmaceutical services and it does this via the national community pharmacy contractual framework. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulation. These are:

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

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

### 6.1 Essential services

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

Essential services are:

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

### 6.2 Advanced services

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

- New Medicines Service (NMS)
- Medicines Use Review (MUR)
- Stoma Customisation Service (SCS) and
- Appliance Use Reviews (AUR).

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

	Number of community pharmacies			
	New Medicines Service	Medicines Use Review	Stoma Customisation Service	Appliance Use Review
Coalfields	12	10	0	0
East	17	13	3	1
North	11	11	2	0
West	13	13	2	0
Washington	7	7	3	0
SUNDERLAND	60	54	10	1

SOURCE: NHS England Area Team, 2014.

Table 9 shows that 60 out of 67 community pharmacies in Sunderland provide the New Medicines Service. Fifty four of the community pharmacies provide Medicines Use Reviews. Only 10 community pharmacies currently provide the stoma customisation service and only one (a dispensing appliance contractor) provides the appliance use review service.

### 6.2.1 New Medicines Service

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

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

The national evaluation of the new medicines service found that the service is well received by patients and increases adherence to new medicines at 10 weeks by approximately 10% making it an important public health intervention. In Sunderland between 1<sup>st</sup> October 2013 and 30<sup>th</sup> September 2014, 23,220 new medicines service interventions were undertaken.



### 6.2.2 Medicines use reviews

The medicines use review service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.

A medicines use review is a way to: improve patients' understanding of their medicines, highlight problematic side effects and propose solutions, improve adherence and, reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

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

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

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

Improving safe and effective hospital discharge remains a challenge in the NHS. In August 2014, NHS England published a Patient Safety Alert on the risks arising from communication breakdown and failure to act on communication during handover at the time of discharge from secondary care with the aim of collecting and disseminating best practice. In Sunderland, post-discharge medicines use reviews could be utilised to support this agenda.

This is particularly important given the growing elderly population in the county (see section 3.2). In Sunderland between 1<sup>st</sup> October 2013 and 30<sup>th</sup> September 2014, 4,649 medicines use reviews were completed. As this reporting period covers two financial years, it includes activity for some pharmacies up to two times the annual limit.

### 6.2.3 Stoma appliance customisation

Stoma appliance customisation refers to the process of modifying stoma appliances based on the patient's measurements or record of those measurements. Only 10 community pharmacies currently provide the stoma customisation service; none of these are dispensing appliance contractors.

Sunderland City Council has undertaken a survey of community pharmacies to assess their views on providing stoma customisation services. Currently responses have been received from 31 pharmacies (a response rate of 46.2%). Based on these responses, 3 respondents (9.7%) stated they intended to provide the service in the next year and a further 3 respondents (9.7%) stated they would be willing to

provide the service if it was commissioned. Eighteen respondents to the survey (58.1%) stated that they were not intending to provide this service.

#### 6.2.4 Appliance use reviews

Appliance use reviews are intended to improve the patient's knowledge and use of the appliance they are using. These can only be undertaken with the consent of the patient. Only one community pharmacy provides the appliance use review service; this is a dispensing appliance contractor. In Sunderland between 1<sup>st</sup> October 2013 and 30<sup>th</sup> September 2014, 12 appliance use reviews were undertaken; eleven of these were undertaken on pharmacy premises and one was undertaken as a domiciliary visit.

#### 6.2.5 Consultation rooms

Both medicines use reviews and appliance use reviews require contractors to have a consultation room and this must meet a specified set of standards. Consultation rooms may also be used to deliver some enhanced services. Each relevant service specification will detail any additional requirements for the facilities – including consultation rooms – for the delivery of the service.

***Table 10: access to a consultation room meeting the criteria for the Medicines Use Review Service***

	Number of pharmacies	%
Yes – with wheelchair access	28	90.3
Yes – without wheelchair access	2	6.5
No – plans to have in the next year	1	3.2
No – doesn't have any plans	0	0.0
TOTAL	31	100.0

Source: Survey of community pharmacies, December 2014

Sunderland City Council has undertaken a survey of community pharmacies. Currently responses have been received from 31 pharmacies (a response rate of 46.2%). Table 10 is based on these responses. The survey of community pharmacies in Sunderland shows that the majority of community pharmacies have a consultation room.

### 6.3 Enhanced services

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

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

Within Sunderland, none of these twenty enhanced are currently commissioned by the NHS England Area Team. Six of these services are now commissioned by either the clinical commissioning group or the local authority and are known as locally commissioned services (see section 7).

The menu of enhanced services largely focuses on supporting the medicines optimisation agenda which aims to ensure that the right patients get the right choice of medicine, at the right time. To support this, NHS England launched a Medicines Optimisation Dashboard in June 2014, and the Pharmaceutical Services Negotiating Committee has published service templates for a range of services including the following:

- EN5 Care Home (Support and Advice on Storage, Supply and Administration of Drugs and Appliances)
- EN6 Medicines Assessment & Compliance Support
- EN7 Medication Review (Full Clinical Review)

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

- Preventing premature deaths from cancer, cardiovascular disease and respiratory disease;

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

**A range of community pharmacy enhanced services – including those focussed on medicines optimisation - could effectively contribute to Sunderland's key health challenges. These opportunities should be considered by commissioners, within the context of the current financial constraints for the health economy.**

## 7. Locally commissioned services

Any organisation can commission services from community pharmacies. NHS England commissions pharmaceutical services (see section 6) whilst local authorities and CCGs commission 'locally commissioned services'.

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

### 7.1 Sunderland CCG

Sunderland CCG currently commissions the following services from community pharmacies (all currently under review):

- Minor ailments scheme
- Anti-coagulant (INR) service
- Emergency supply of medicines
- Cellulitis pathway medicines
- Head lice service

**Table 11: provision of CCG commissioned locally commissioned services, by locality**

	Minor Ailments service	Head lice advice and treatment service	IV antibiotics for cellulitis pathway	Emergency Supply of Palliative Care Medicines	Anti-coagulation (INR) service*
Coalfields	5	2	1	0	0
East	6	2	2	0	1
North	3	4	1	1	0
West	4	4	1	0	0
Washington	2	2	1	1	0
SUNDERLAND	20	14	6	2	1

Source: Sunderland CCG, December 2014

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

### 7.1.1 Minor ailments

The minor ailment scheme is targeted at patients who would not normally purchase self-care medicines from their local pharmacy. Patients in more deprived areas are less likely to purchase over the counter medicines, and are therefore more likely to visit their GP surgery to have a medicine prescribed for a minor ailment because a prescription would be exempt from prescription charges. The scheme aims to reduce pressure on appointments within general practices and provide a more convenient service for patients, by providing simple remedies directly by consultation with a pharmacist.

Sunderland CCG has identified self-care as a key focus for delivery of its strategy. Making better use of community pharmacists, and reserving GP appointments for the more serious conditions which need medical input, is an important element of delivering self-care. At present, 20 out of 67 pharmacies are delivering the minor ailment scheme, and there is provision in all five localities. The scheme will be reviewed during 2015/16. Local community pharmacies would be keen to see broader provision of this service.

### 7.1.2 Head lice service

Head lice rarely cause physical health problems other than itching of the scalp. Adverse effects arise not from the lice themselves, but rather from the human perception of them. Excessive public and professional reactions lead to an inflated perception of prevalence, to unnecessary, inappropriate or ineffective action and to unwarranted anxiety and distress. These actions and reactions lead to problems associated with the misuse and overuse of treatments.

Community pharmacy provides an accessible and professional source of support and advice for families concerned about head lice infection within the community. The aim of the service is to decrease the prevalence of head lice infection across the city and to deliver consistent advice and treatment for dealing with head lice infections. At present, 14 out of 67 pharmacies are delivering the head lice advice and treatment service, and there is provision in all five localities. The service will be reviewed during 2015/16.

### 7.1.3 IV antibiotics for the primary care cellulitis pathway

Cellulitis is a common painful skin infection, which is usually caused by bacteria. The infection most commonly affects the skin of the lower leg, but can affect skin in any part of the body. Cellulitis can affect people of all ages, and rates are similar in both sexes. Some patients suffering from cellulitis can be treated with oral antibiotics, although many patients require administration of intravenous (IV) drugs and a hospital admission.

Historically, patients attending their GP with cellulitis were admitted to secondary care for IV antibiotic treatment. However, an audit undertaken during 2010/11 concluded that approximately 31% of admissions could have had an alternative management plan in the community. In response, a primary care cellulitis pathway for Sunderland has been developed which avoids the need for A&E attendance or

hospital admission for a clearly defined group of patients requiring IV antibiotic treatment, but suitable for community based treatment.

The decision to treat the patient in the community is made by the referring clinician who can be a GP, an Out of Hours GP, a Walk-in Centre GP or an A&E clinician. An appropriately skilled community nurse from the 24/7 Intermediate Care Team will administer the IV antibiotics in the patient's home to prevent admission to hospital. The service is available 24 hours a day, 7 days a week.

IV antibiotics prescribed by an A&E clinician will be provided by the hospital pharmacy. IV antibiotics prescribed by a GP will be provided through a specified list of community pharmacies, which includes at least one community pharmacy in each locality. The list of participating pharmacies is as follows:

- G Whitfield, Hetton-le-Hole (Coalfields)
- ASDA Pharmacy, Grangetown (Sunderland East)
- Lloyds Pharmacy, Hendon (Sunderland East)
- Ross Chemists, Southwick (Sunderland North)
- Sainsbury's Pharmacy, Silksworth (Sunderland West)
- ASDA Pharmacy, Washington Centre (Washington)

If appropriate, the patient or a relative will attend the pharmacy to collect the medication. If the patient or a relative is unable to obtain the medication in this way then the 24/7 Intermediate Care Team will organise collection of the prescription from patient's home, attend a pharmacy to have the prescription dispensed and deliver the medication to patient's home. The service will be reviewed during 2015/16.

#### 7.1.4 Emergency supply of palliative care medicines

Two of the 100 hour pharmacies (Avenue Pharmacy in Sunderland North and ASDA Pharmacy in Washington) hold a stock of palliative care medicines. In addition, Sunderland CCG commissions an on-call pharmacist service to provide access to an agreed list of palliative care medicines out-of-hours. This 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. The service will be reviewed during 2015/16.

#### 7.1.5 Anti-coagulants (INR) service

Anticoagulant medicines are most commonly prescribed for people who have had a condition caused by blood clots or who are at risk of developing a blood clot. These conditions include:

- Deep vein thrombosis - a blood clot in one of the deep veins in the body, most commonly in the larger vein that runs through the calf or thigh muscles
- Pulmonary embolism – a blockage in the blood vessel that carries blood from the heart to the lungs

- Atrial fibrillation - a heart condition that causes an irregular and often abnormally fast heart rate
- High or moderate risk of stroke

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

Sunderland CCG has commissioned a community based initiation, stabilisation, monitoring and dosing 'One Stop Shop' anticoagulant therapy service for non-complex patients aged 16 years and over. The aim of the service is to ensure patients receive anticoagulation therapy initiation and monitoring promptly, in line with all relevant clinical guidelines. Contracts were awarded through a competitive process under the any qualified provider process with the aim of reducing inequalities in access to anticoagulation therapy, improving anti-coagulation control in patients and reducing drug-associated complications.

Contracts were awarded to a range of providers which run clinics on different days and times at a range of venues across the city. This list of providers, which includes two community pharmacy providers, is as follows:

- City Hospitals Sunderland NHS Foundation Trust
- Deerness Medical Group
- IntraHealth
- Boots Pharmacy, The Bridges
- Dixon and Hall Pharmacy (based in Stanley, County Durham).

The service will be reviewed during 2015/16.

## **7.2 Sunderland City Council**

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

- intermediate stop smoking services
- dispensing service for smoking cessation products such as nicotine replacement
- supervised consumption of opiate substitutes
- needle exchange
- emergency hormonal contraception
- NHS Health Checks



**Table 12: provision of local authority commissioned locally commissioned services, by locality**

	Intermediate stop smoking services*	Supervised consumption	Needle exchange*	Emergency hormonal contraception	NHS Health Checks*
Coalfields	11	4	0	4	1
East	12	9	1	4	1
North	10	9	3	4	0
West	14	9	0	6	1
Washington	7	7	2	2	0
SUNDERLAND	54	38	6	20	3

Source: Sunderland City Council Integrated Commissioning Team, November 2014

Note: \* there are other types of providers for the intermediate stop smoking, needle exchange and NHS Health Checks services

### 7.2.1 Stop smoking service (intermediate advisors)

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

Intermediate stop smoking services follow an evidence based model of service. They are delivered by a range of providers across the city including GP practices, community pharmacies, community and voluntary sector organisations, the local authority and the independent sector. Co-ordination of the providers of intermediate stop smoking services will be undertaken within the recently commissioned Sunderland Integrated Wellness model.

The aim of the service is to provide clients with access to stop smoking advice and pharmacological support as appropriate, in convenient locations. Intermediate stop smoking advisors are also able to provide nicotine replacement therapy vouchers of recommendation directly to the patient to then be dispensed at a participating pharmacy (see 7.2.2 below).

Community pharmacies continue to make a valuable contribution to the reduction in the number of smokers across Sunderland with 54 of the 67 community pharmacies providing the intermediate stop smoking service.

### 7.2.2 Nicotine replacement therapy (NRT) vouchers (dispensing)

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

The aim of the service is to complement the stop smoking service and improve access to, and choice of, pharmacological stop smoking aids.

Co-ordination of the voucher scheme will be undertaken within the recently commissioned Sunderland Integrated Wellness model.

### 7.2.3 Supervised consumption of opioid substitutes

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

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

When a pharmacist supervises the patient's consumption of the opioid substitute in the pharmacy, it will not end up being traded on the street, or accidentally being taken by children in the home. This also reduces the potential for criminal activity.

Within Sunderland, 38 of the 67 community pharmacies are providing the supervised administration service. This includes provision in all five Sunderland localities. Analysis has shown that approximately one fifth of all clients accessing the service do so at Lloyds Pharmacy at Hendon; clients from all five localities make use of this pharmacy. We also know that some Sunderland residents make use of community pharmacies in County Durham to access this service.

Provision of this service will be considered alongside the review of the substance misuse treatment system commencing 2014/15.

### 7.2.4 Needle exchange scheme

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

Service providers distribute sterile injecting equipment, provide advice and information on the safe disposal of injecting equipment, and distribute appropriate literature advising on harm reduction, safer sex and local services to all injecting drug users. The service aims to reduce the sharing of injection equipment by encouraging the return of used material in exchange for clean equipment on a “one to one” basis. The service is delivered in a number of settings including in six community pharmacies. Current providers of the service are as follows:

- Lifeline Sunderland – Harm Reduction Service (Sunderland East)
- Lloyds Pharmacy, Hendon (Sunderland East)
- Davy’s Pharmacy, Castletown (Sunderland North)
- Lloyds Pharmacy, Fulwell (Sunderland North)
- Lloyds Pharmacy, Southwick (Sunderland North)
- Lloyds Pharmacy, the Galleries (Washington)
- Lloyds Pharmacy, Washington Concorde (Washington)

Provision of this service will be considered alongside the review of the substance misuse treatment system commencing 2014/15.

#### 7.2.5 Emergency Hormonal Contraception (EHC)

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

Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient. The service aims to improve access to emergency hormonal contraception by providing it “free at the point of issue” to females aged 14 years and over in pharmacies in Sunderland. This service also helps to increase the knowledge of emergency contraception and its use, especially among young people. Whilst emergency hormonal contraception is available to purchase without prescription at community pharmacies, the retail cost of around £25 means that it may be unaffordable for many in greatest need. And as the product is not licensed for use in for women aged under 16 years, it would not be possible for girls in this age group to buy it over the counter.

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

Within Sunderland, 20 out of 67 community pharmacies are providing emergency hormonal contraception. This includes provision in all five Sunderland localities and includes two 100 hour pharmacies, which provide evening and weekend open hours. The current coverage from the community pharmacies offers accessibility and choice, but equity of access could be improved for some parts of the city where teenage conception rates are high.

### 7.2.6 NHS Health Checks

NHS Health Checks are part of a national risk assessment and management programme for people aged 40 to 74 years who do not have existing cardiovascular disease and who are not currently being treated for cardiovascular risk factors. The aim of the programme is to identify anyone in this eligible population who has a high risk of developing cardiovascular disease and to individually assess them by calculating their risk of developing CVD, communicating that risk, and offering lifestyle advice and other interventions to reduce that risk.

In Sunderland, NHS Health Checks are mainly delivered through GP practices and all 53 practices participate. The provision of NHS Health Checks through community pharmacies is currently very limited.

**After considering all the elements of the PNA, Sunderland Health & Wellbeing Board concludes that there is adequate provision of existing locally commissioned services across Sunderland, although access and equity of provision could be improved for some services (e.g., minor ailments, emergency hormonal contraception. Other community pharmacies would be willing to provide these services if commissioned. Sunderland CCG has stated its intention to review all of its commissioned services during 2015/16. Sunderland City Council will be reviewing its commissioned services for supervised consumption and needle exchange alongside the review of the substance misuse treatment system commencing 2014/15.**

### **7.3 Other commissioned services**

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

- people aged 65 years and over
- pregnant women
- children aged 2, 3 and 4 years
- people in clinical high risk groups (e.g., those with chronic respiratory, heart, kidney liver, or neurological condition, those with diabetes, those with splenic dysfunction, and those with a compromised immune system)
- people in long stay residential care homes
- people who are the main carer of an older or disabled person.

Pharmacists undergo extra training to deliver this service. Community pharmacists have access to influenza vaccine over and above the vaccines ordered by GPs at the beginning of the seasonal flu campaign.

Recent changes have resulted in the recommendation that the flu vaccination programme should be extended to healthy children aged from two years to less than 17 years. Children should be vaccinated using the new live nasal vaccine, and community pharmacists have not currently been trained to administer this vaccine. In Sunderland 2, 3 and 4 year olds are being invited to their GP practice for

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

**Table 13: provision flu services through community pharmacies, by locality**

	NHS flu service*	Private flu service
Coalfields	6	6
East	4	4
North	5	5
West	5	5
Washington	5	5
SUNDERLAND	25	25

Source: Local Pharmaceutical Committee, December 2014

Note: \* GP practices also provide the NHS flu service

Across Sunderland, there are 25 out of 67 community pharmacies who deliver the NHS flu service. This includes provision in all five Sunderland localities and three of the 100 hour pharmacies. The same 25 community pharmacies also provide the private flu service.

#### **7.4 Out of area providers of pharmaceutical services**

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Sunderland area that provide dispensing services to the registered population of Sunderland. Data from e-PACT for 2013/14 shows that Sunderland GP practices generated prescriptions for 7,753,821 prescription items; the total number of prescription items dispensed by Sunderland community pharmacies was 7,049,029 (90.9%) and 704,792 prescription items (9.1%) were dispensed by pharmacies outside of Sunderland. It is assumed that these pharmacies provide the full range of essential services.

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

**decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.**

## 8. Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Sunderland City Council, Sunderland Clinical Commissioning Group, or NHS England. These services are often very valuable for special patient groups e.g. the housebound, but are provided at the discretion of the pharmacy owner. As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs.

Sunderland City Council has undertaken a survey of community pharmacies. Currently responses have been received from 31 pharmacies (a response rate of 46.2%). Non-commissioned services identified in the pharmacy survey are detailed in Table 14 below, based on these responses.

**Table 14: non-commissioned services provided by community pharmacies in Sunderland**

	Currently provide	Intend to provide	Willing to provide if commissioned	Not intending to provide	Provide privately	No response given
Blood cholesterol check	0	2	24	3	0	2
Blood glucose check	0	2	24	3	0	2
Blood pressure check	4	2	17	3	4	1
NHS Health Check	6	2	18	3	0	2
Safe disposal of sharps	1	2	12	14	0	2
Chlamydia screening	6	5	15	4	0	1
Chlamydia screening and partner notification	1	5	17	6	1	1
Erectile dysfunction service	0	3	19	6	1	2
Pregnancy testing	1	2	19	4	3	2
Referral for contraception	7	4	15	3	1	1
Alcohol brief advice	1	2	22	5	0	1
Weight management	2	1	19	5	3	1
Childhood nasal flu vaccination	0	3	18	8	0	2
Influenza vaccination	13	5	7	5	0	1
Pneumococcal vaccination	2	2	18	7	0	2
Advice/support to care homes	5	1	19	5	0	1

	Currently provide	Intend to provide	Willing to provide if commissioned	Not intending to provide	Provide privately	No response given
Anti-viral distribution service	3	3	18	6	0	1
Compliance aid assessment	9	1	16	2	2	1
Delivery service	20	1	0	0	10	0
Hair loss service	1	3	19	8	0	0
Independent prescribing clinic	0	3	16	11	0	1
Medicines Administration Records	7	2	15	5	2	0
Full clinical medication review	5	2	18	5	0	1
Prescription collection service	21	0	1	0	9	0
Travel clinic	2	2	20	3	3	0

Source: Survey of community pharmacies, December 2014

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



## **9. Primary and Secondary Care Provision**

### **9.1 GP surgeries (including extended hours)**

There are 51 GP practices within Sunderland; there are no dispensing doctors. The majority of practices provide some extended hours. These are mainly delivered in the evening, the latest of which is open until 8.00 pm; some provide early morning opening, the earliest of which commences at 7.00 am. There are some extended hours on Saturday mornings and limited extended hours on Sundays.

A map of the locations of GP surgeries highlighting those with weekday evening surgeries is shown as Figure 10. Figure 11 shows the equivalent map of weekday evening community pharmacy provision.

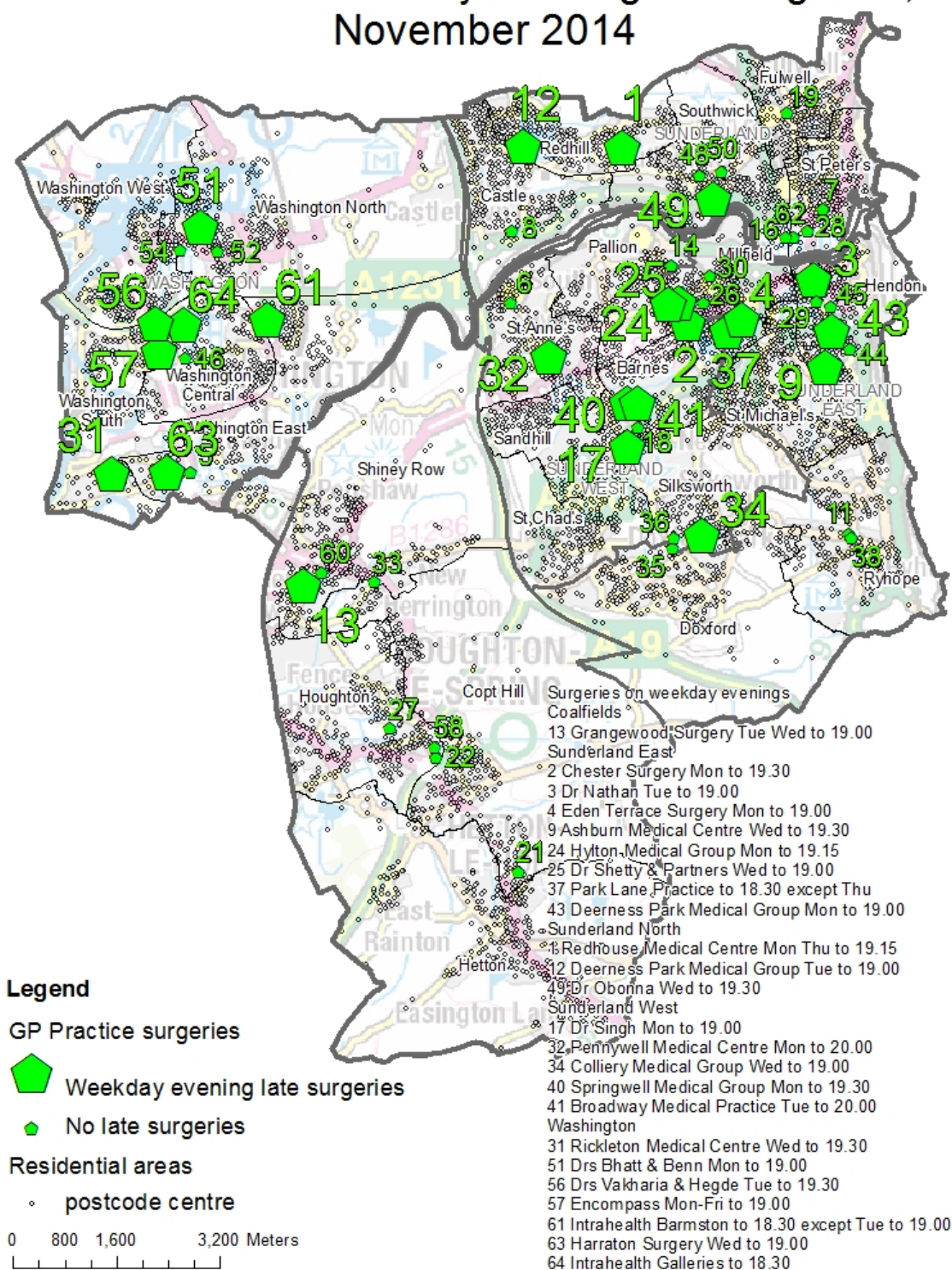
In the Coalfields locality, there is one GP Practice, in Shiney Row, that runs an evening surgery to 7.00 pm on a Tuesday and Wednesday. Patients prescribed medications at this surgery would need to travel to Houghton or Washington Galleries to get the medications dispensed on the same evening or wait until the following morning.

In Sunderland North locality, there are three GP Practices, in Redhill and Southwick wards, which run evening surgeries to 7pm, 7.15pm or 7.30pm on Monday, Tuesday, Wednesday and Thursday evenings. Patients prescribed medications at these surgeries would need to travel to St Peters ward, the City centre or Washington Galleries to get the medications dispensed on the same evening or wait until the following morning.

Patterns of provision may need to be reviewed as the NHS moves towards “7 days a week” working.

**Figure 10: GP practices highlighting those with weekday evening surgeries**

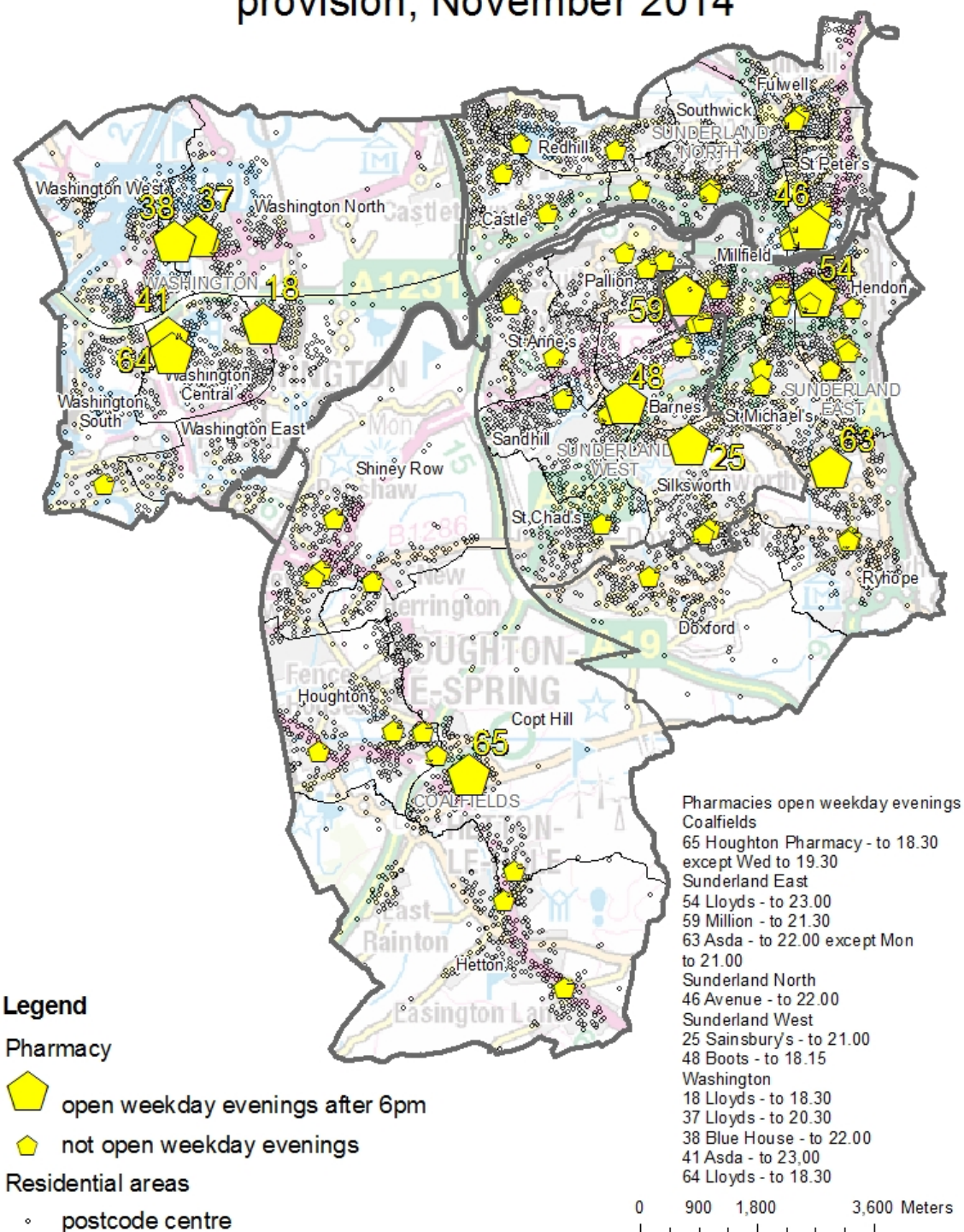
## Sunderland - weekday evening GP surgeries, November 2014



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**Figure 11: community pharmacies highlighting those with weekday evening opening**

## Sunderland - weekday evening pharmacy provision, November 2014



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## 9.2 GP enhanced and other locally commissioned services

GP Practices provide a number of 'enhanced services' that are currently commissioned by the NHS England Area Team; these may previously have been referred to as Directed Enhanced Services (DES) or National Enhanced Services (NES). Table 15 below outlines Directed Enhanced Services and the possible contribution that community pharmacies can make now or in the future.

**Table 15: possible community pharmacy role in enhanced and locally commissioned services**

Type	Service	Description
Enhanced service	Alcohol related risk reduction scheme	Screening of newly registered patients aged 16 and over using either the FAST or AUDIT-C questionnaire Community pharmacies could offer identification and brief advice to more of the adult population to help reduce the risk of alcohol related harm.
Enhanced service	Avoiding unplanned admissions and practice case management scheme	Proactive case management of vulnerable older people, high risk patients and end of life care including shared personalised care plans and regular reviews of A&E attendances, unplanned admissions and re-admissions. Community pharmacies could offer

## 9.3 GP out-of-hours

The GP out-of-hours service provides emergency access for urgent primary care needs to patients between the hours of 18.30 pm and 8.00 am every weekday and between 18.30 pm on Friday evenings and 8.00am on Monday morning every weekend. 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.

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

The GP out-of-hours service has been reviewed and Sunderland CCG is currently considering procurement of the service.

## 9.4 Urgent Care Centres

Improving access to urgent health care and making sure patients get the right treatment, at the right time and in the right place for their specific health condition is a key priority for Sunderland CCG. Following a review and public consultation

undertaken during 2012/13, access to urgent health care has been reconfigured with four urgent care centres across Sunderland. These provide treatment for a range of minor illnesses and injuries that need urgent attention where a patient cannot wait to be seen by their own GP.

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

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

These centres are located at:

- Houghton Primary Care Centre, Houghton-le-Spring (Coalfields)
- Bunny Hill Primary Care Centre, Downhill (Sunderland North)
- Washington Primary Care Centre, Parkway (Washington).

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

- Pallion Health Centre (Sunderland West).

Longer term plans are to develop a new, integrated urgent care centre to provide urgent care side-by-side with Accident and Emergency services at the Sunderland Royal Hospital (Sunderland East/Sunderland West).

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

## **9.5 Hospitals**

The Sunderland Royal Hospital is the main hospital for the area and is situated in the ward of Millfield (Sunderland West but on the border with Sunderland East). Hospital pharmacies do not provide services under the community pharmacy contractual framework, and are therefore outside the scope of the PNA.

It is recognised that patients may benefit from the support of community pharmacy following discharge from hospital, as highlighted in the Pharmacy white paper.

## 10. Future role for community pharmacy

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

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

The pharmacy white paper quotes a survey showing that 84% of adults visit a pharmacy at least once a year. Local engagement undertaken as part of the PNA process showed that of 191 survey respondents, about half reported using a pharmacy more than six times a year and a further third reported using pharmacy between three and six times a year. Community Pharmacists in Sunderland are accessible and many offer extended opening times (late into the evenings or at weekends) to suit patients and customers. Furthermore, most pharmacies now have dedicated consultation areas specifically designed for private discussion.

### 10.1 Current role of community pharmacy

Sunderland CCG has set out principles for medicines optimisation within its *Better Health for Sunderland* prospectus and *Operational Plan 2014-2016*. These principles aim to ensure:

- High quality, safe prescribing
- A reduction in waste medicines
- An increase in cost effective prescribing and
- Improved outcomes and satisfaction for patients.

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

The CCG strives to have a medicines optimisation approach that helps patients to improve their outcomes, taking their medicines correctly, avoid taking unnecessary medicines, reducing wastage of medicines and improve medicines safety.

Sunderland City Council's public health team values that role that community pharmacy can play in promoting health and healthy lifestyle and in delivering evidence based interventions for stop smoking, sexual health, and drug misuse.

The important contribution that community pharmacy already makes to the delivery of the Joint Health and Wellbeing Strategy is summarised in Appendix 3.

## 10.2 Possible future role of community pharmacy

In order to harness the expertise of community pharmacists, it will be necessary to move beyond the traditional model of dispensing and supply of medicines towards a broader focus on clinical care and patient outcomes. Community pharmacy will need to be better integrated into the provision of primary care and public health services. Community pharmacists will be a vital element in plans to transform primary care and to move towards whole system 7 days a week working.

Sunderland CCG has stated that its medicines optimisation approach will support the transformational changes set out in its *Operational Plan 2014-2016*. These will focus on:

- Whole system 7 days a week working
- Integrated locality teams
- Co-ordination of intermediate care and out of hours integration
- Improving healthcare in care homes
- Implementing end of life “deciding right”
- Developing community mental health pathways
- Developing dementia friendly communities
- Procurement of an integrated musculoskeletal service
- Reducing procedures of limited clinical value

Sunderland City Council’s public health team would wish to make full use of community pharmacies to improve public health in their local communities and to “make every contact count”. It will also be important that community pharmacies are an intrinsic part of the newly commissioned Sunderland Integrated Wellness Model.

Within the Integrated Wellness Model, it is intended that the current Healthy Living Pharmacy scheme should be developed such that accredited community pharmacies can act as a hub for health promotion activities and knowledge within that community – a one stop shop, gaining the trust and support of local residents and increasing footfall.

Sunderland City Council’s public health team will also explore opportunities to deliver more NHS Health Checks through community pharmacy. Some harder to reach groups might be encouraged to attend the less formal environment of a community pharmacy.

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

- Poor use of medicines and adverse effects (between one third and one half of medicines prescribed for long term conditions are thought not to be taken as recommended)
- Avoiding hospital admissions and readmissions (between 4% and 5% of hospital admissions are thought to be due to preventable medicines-related problems)
- Support for patients with minor ailments (many GP consultations which involve minor ailments could be dealt with by pharmacists)

- Promoting healthy lifestyles, encouraging the responsible use of alcohol, and supporting healthy weight management
- Identifying those with previously undiagnosed long term conditions with a focus on reaching those who do not routinely visit their GP
- Reducing of waste (unused medicines account for at least 1% of the primary care drug budget).

Appendix 3 also sets out examples of possible future pharmacy contribution to the delivery of the Joint Health and Wellbeing Strategy. The examples given are illustrative and should not be considered as firm commissioning intentions.

### **10.3 Summary**

**After considering all the elements of the PNA, Sunderland Health & Wellbeing Board concludes that there is adequate provision of NHS pharmaceutical services across most of Sunderland, but recognises gaps in service in the Coalfields area on Sundays and Bank Holidays.**

**After considering all the elements of the PNA, Sunderland City Council concludes that 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 will work with the CCG to ensure that services are commissioned to meet local health needs. Any changes would serve to improve equity, access and choice.



## 11. Engagement and Consultation

### 11.1 Stakeholder engagement

During November and December 2014 the views of the public and a range of agencies and groups were gathered in the form of a survey on Pharmacy Services. This was made available through the consultation calendar on the Sunderland Partnership website at: <http://sunderland-consult.limehouse.co.uk/portal>. The engagement team also used paper hard copy versions of the same questionnaire at a range of engagement events over the same period.

In total, 191 surveys responses have been received and these have been considered as part of the pharmaceutical needs assessment. Below is a summary of the analysis and outcomes of the public engagement.

Of the 191 respondents, around two thirds of respondents were female and about one third were male. Most (82%) respondents were aged between 16 and 64 years. Most respondents (88%) described themselves as being heterosexual or straight, around 2% described themselves as gay or lesbian, a further 2% described themselves as bisexual, and 11% stated they did not wish to disclose their sexual orientation. Most (79%) stated they were from white ethnic groups, a further 8% stated they were from ethnic groups other than white – this included some respondents from Asian, black, mixed and other ethnic groups – and 13% did not wish to disclose their ethnic origin. About 21% of respondents stated that they had a physical or mental impairment with a substantial long term effect on normal day to day activities. Just over half reported that their religion or belief system was Christian, just over a third stated they had no religion or belief system, 8% stated they did not wish to disclose their religion, small numbers stated they had another religion or belief system.

Most (88%) respondents said they use local pharmacies within Sunderland. About 28% state that they use the same pharmacy all the time and about 48% said they use the same pharmacy most of the time. About half reported using a pharmacy more than six times a year and a further third reported using pharmacy between three and six times a year.

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

- Prescription pick-up (69%)
- Repeat prescriptions (40%)
- Purchase of over the counter medicines – most commonly pain medications and cold remedies (40%)
- Seek advice from the pharmacist (22%)
- Dispose of old or unwanted medicines (7%)

Relatively small numbers of respondents reported using a commissioned service or lifestyle intervention. These included: NHS Health Checks, weight management, stop smoking support, emergency contraception and needle exchange.

The most common modes of transport used to get to the pharmacy are (in order of frequency):

- By car (52%)
- On foot (35%)
- Public transport (7%)

Just over a quarter (26%) of respondents reported that on at least one occasion during the last year they had found the pharmacy closed when they tried to use it. This most frequently occurred on a Sunday (14%) followed by a Saturday (11%), followed by a weekday (9%), followed by a bank holiday (8%). On finding the pharmacy closed, the most common responses were to:

- Go to another pharmacy (20%)
- Wait until the pharmacy opened (9%)
- Go to hospital (2%)
- Go to the urgent care centre as a walk in (2%)
- Call NHS 111 (2%)

A very small number of respondents reported negative experiences from their contact with community pharmacy (e.g., pharmacy not having the medicine they had been prescribed, errors in dispensing, staff found to be rude or unhelpful, problems parking). The majority of comments supplied were positive in nature and it is clear that people value the services provided by their local community pharmacies. The following were common themes from the feedback:

- Opening hours outside of 9.00 am to 5.00 pm on weekdays are viewed as important by those working office hours
- Those working Monday to Friday value weekend opening
- Physical accessibility to the premises is important, especially for those with disabilities
- There is a need to publicise opening times more widely
- There was a strong view that community pharmacies should be open when GP surgeries are open.

## **11.2 Formal consultation**

The formal consultation on the draft PNA will run from 9th January to 10th March 2015, and the outcomes of will be considered as part of the final pharmaceutical needs assessment. A summary of the analysis and outcomes of the consultation will be included in the final PNA document.

## 11. Conclusions and Recommendations

There are 67 pharmacies in Sunderland, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation.

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

There are five 100 hour pharmacies out of a total of 67 pharmacies in Sunderland which provide extended and out of hours cover for pharmaceutical services across the city; all five open on both Saturdays and Sundays. In total, 38 pharmacies open on Saturdays and nine pharmacies open on Sundays, responding to the needs of the local population.

There is good uptake by community pharmacies of advanced services that seek to improve the safe and effective use of medicines.

A range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. These include: minor ailments scheme, anti-coagulant (INR) service, emergency supply of medicines, cellulitis pathway medicines, head lice service, intermediate stop smoking services, dispensing service for smoking cessation products, supervised consumption of opiate substitutes, needle exchange, emergency hormonal contraception, and NHS Health Checks. When pharmacies provision is considered 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 objective of the 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 for non NHS services.

After considering all the elements of the PNA, Sunderland Health & Wellbeing Board concludes that:

- Sunderland has an adequate number of pharmacies to meet the needs of patients who require prescriptions dispensed.
- There is adequate provision of essential NHS pharmaceutical services across most of Sunderland, but recognises gaps in service in the Coalfields area on Sundays and Bank Holidays.

- 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.
- The level of planned development is unlikely to require new pharmacy contracts to be issued for the areas of development, due to satisfactory cover from already existing pharmacies.
- 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.
- Community pharmacy already makes a significant contribution to the delivery of the Joint Health and Wellbeing Strategy.

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.

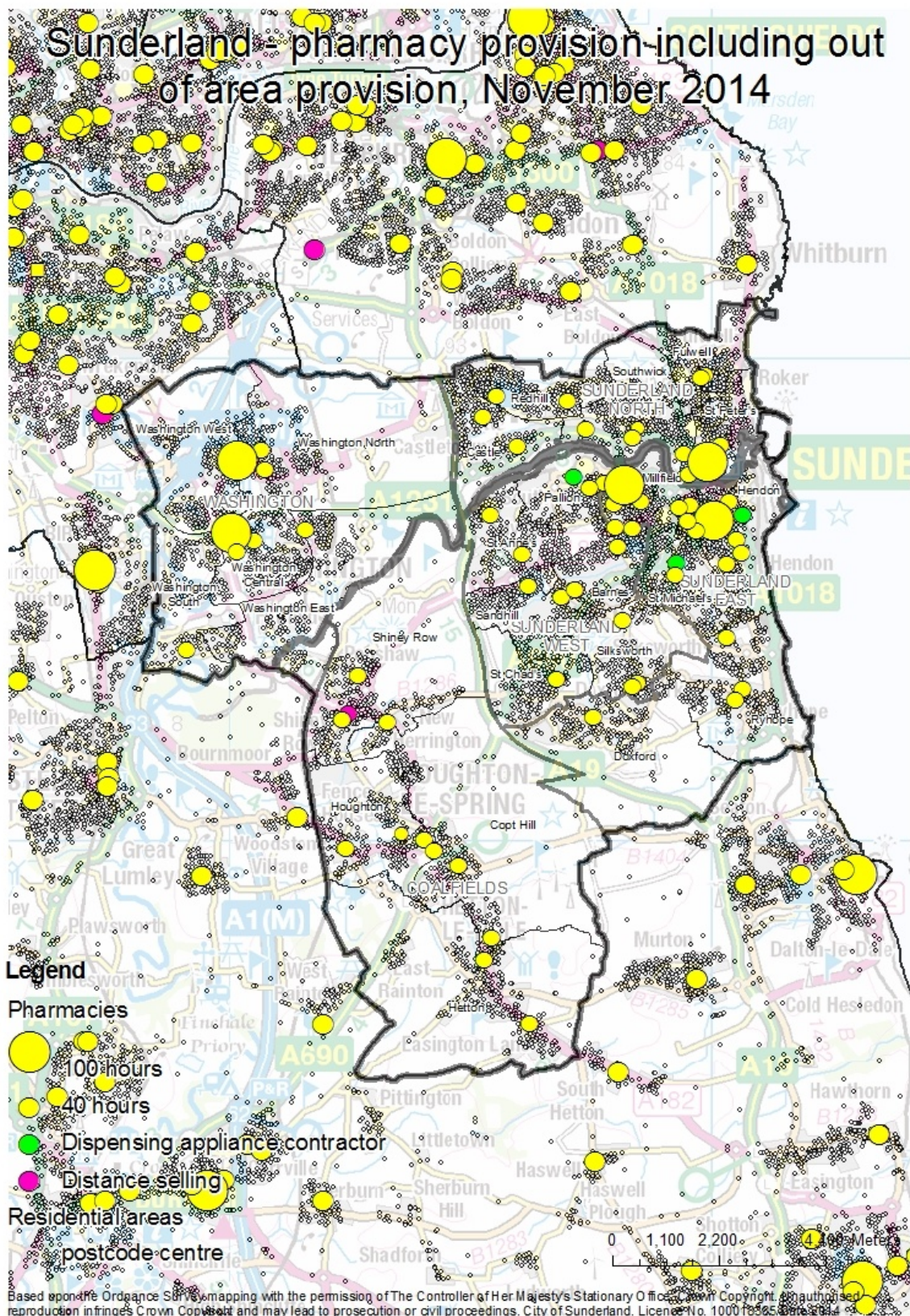
Changes to the health system, moving towards better integration of services and “7 days a week” working, will mean that community pharmacies need to be better integrated into the healthcare system. Medicines optimisation approaches could be used to effectively contribute to Sunderland’s key health challenges in the future.

After considering all the elements of the PNA, the Sunderland Health & Wellbeing Board recommends that:

- Commissioners take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.
- Commissioners should consider the opportunities afforded by community pharmacy enhanced services that focus on the safe and effective use of medicines and support for self-care, within the context of the current financial constraints for the health economy.
- Patterns of provision may need to be reviewed as the NHS moves towards “7 days a week” working.
- With regard to locally commissioned services, the public health team will work with the CCG to ensure that services are commissioned to meet local health needs and that any changes would serve to improve equity, access and choice.



## Appendix 1: Map of Essential Pharmaceutical Services, including out of area provision, November 2014



## List of community pharmacies in Sunderland

Pharmacy Name	Pharmacy Address	Opening Hours
<b><i>Coalfields locality</i></b>		
Herrington Medical Centre Pharmacy	Herrington Medical Centre Philadelphia Lane Sunderland DH4 4LE	Mon: 08:45-12:30; 13:30-18:00 Tue: 08:45-12:30; 13:30-18:00 Wed: 08:45-12:30; 13:30-18:00 Thu: 08:45-12:30; 14:00-17:30 Fri: 08:45-12:30; 13:30-18:00
Chilton Moor Pharmacy	53 Front Street Chilton Moor Houghton-le-Spring DH4 6LP	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-17:00 Fri: 09:00-18:00 Sat: 09:00-12:30
Kepier Pharmacy	Kepier Medical Practice Leyburn Grove Houghton-Le-Spring DH4 5EQ	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00
Boots Pharmacy	13 Westbourne Terrace Shiney Row Sunderland DH4 4QT	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00
Hopes Pharmacy	49 Newbottle Street Houghton-le-Spring Tyne & Wear DH4 4AR	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-16:00
R Whitfield Limited	93 High Street Easington Lane Houghton le Spring DH5 0JR	Mon: 09:00-12:30; 14:00-18:00 Tue: 09:00-12:30; 14:00-18:00 Wed: 09:00-12:30; 14:00-18:00 Thu: 09:00-12:30; 14:00-17:00 Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-12:30
G Whitfield Limited	1a Church Street Houghton-le-Spring Tyne & Wear DH4 4DN	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-12:30
G Whitfield Limited	5 Front Street Hetton-le-Hole Houghton le Spring DH5 9PE	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-17:00 Fri: 09:00-18:00 Sat: 09:00-13:00

Pharmacy Name	Pharmacy Address	Opening Hours
Boots Pharmacy	Grangewood Surgery Chester Road Shiney Row Sunderland DH4 4RB	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: 09:00-12:00
G Whitfield Limited	The Health Centre Pharmacy Francis Way Hetton le Hole Houghton le Spring DH5 9EQ	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00
Penshaw Pharmacy	36 Avondale Avenue Penshaw Houghton le Spring Tyne a and Wear DH4 7QS	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00
Houghton Pharmacy	31 Queensway Houghton le Spring Tyne and Wear DH5 8EL	Mon: 08:00-18:30 Tue: 08:00-18:30 Wed: 08:30-19:30 Thu: 08:30-18:30 Fri: 08:30-18:30 Sat: 08:30-12:00 Sun:
<b><i>Sunderland East locality</i></b>		
Medichem Limited	68 Villette Road Sunderland SR2 8RW	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00
Fittleworth Medical Limited	Unit 7 Glaholm Road Sunderland SR1 2NX	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00
Rowlands Pharmacy	Pallion Health Centre Hylton Road Sunderland SR4 7XA	Mon: 08:30-13:10; 13:30-18:00 Tue: 08:30-13:10; 13:30-18:00 Wed: 08:30-13:10; 13:30-18:00 Thu: 08:30-13:10; 13:30-17:00 Fri: 08:30-13:10; 13:30-18:00
Medichem Limited	50 Suffolk Street Hendon Sunderland SR2 8NE	Mon: 08:45-12:45; 13:45-17:45 Tue: 08:45-12:45; 13:45-17:45 Wed: 08:45-12:45; 13:45-17:45 Thu: 08:45-12:45; 13:45-17:45 Fri: 08:45-12:45; 13:45-17:45

Pharmacy Name	Pharmacy Address	Opening Hours
Demnox Pharmacy	1 William Doxford Centre Doxford Park Shopping Centre Sunderland SR3 2NE	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-14:00
B Braun Medical Limited	Holmlands Buildings Tunstall Road Sunderland SR2 7RR	Mon: 08:30-17:00 Tue: 08:30-16:30 Wed: 08:30-17:00 Thu: 08:30-16:30 Fri: 08:30-17:00
Leema Pharmacy	91 Tunstall Road Sunderland SR2 7RW	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-18:00
Rowlands Pharmacy	Mill Street Sunderland SR4 7BG	Mon: 09:00-13:00; 13:20-18:00 Tue: 09:00-13:00; 13:20-18:00 Wed: 09:00-13:00; 13:20-18:00 Thu: 09:00-13:00; 13:20-18:00 Fri: 09:00-13:00; 13:20-18:00
Riverview Health Centre Pharmacy	Riverview Health Centre Borough Road Hendon Sunderland SR1 2HJ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-13:00 Fri: 09:00-17:30 Sat: 09:00-11:00
Medichem Limited	1 Laburnum Cottage Robinson Terrace Sunderland SR2 8PB	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00
GW Herdman (Chemists) Ltd	Ryhope Customer Service Centre Black Road Ryhope Sunderland SR2 0RX	Mon: 08:30-13:00; 13:30-19:00 Tue: 08:30-13:00; 13:30-18:00 Wed: 08:30-13:00; 13:30-18:00 Thu: 08:30-13:00; 13:30-18:00 Fri: 08:30-13:00; 13:30-18:00
Superdrug Pharmacy	Unit 3 37 Walworth Way The Bridges Sunderland SR1 3LB	Mon: 08:30-17:30 Tue: 08:30-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30 Sat: 08:30-17:30



Pharmacy Name	Pharmacy Address	Opening Hours
Lloyds Pharmacy	50 Borough Road Hendon Sunderland SR1 1AE	Mon: 08:00-23:00 Tue: 08:00-23:00 Wed: 08:00-23:00 Thu: 08:00-23:00 Fri: 08:00-23:00 Sat: 08:00-23:00 Sun: 10:00-20:00
Boots	45 The Bridges Shopping Centre Sunderland SR1 3LF	Mon: 08:30-17:30 Tue: 09:00-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30 Sat: 08:30-17:30 Sun: 11:00-17:00
Million Pharmacy	207 Hylton Road Millfield Sunderland Tyne and Wear SR4 7XA	Mon: 06:30-21:30 Tue: 06:30-21:30 Wed: 06:30-21:30 Thu: 06:30-21:30 Fri: 06:30-21:30 Sat: 06:30-21:30 Sun: 08:00-18:00
McCarthy's Pharmacy	Saville House 1-2 Saville Place Sunderland SR1 1PA	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00
GW Herdman (Chemists) Ltd	29 Ryhope Street South Ryhope Sunderland SR2 0RP	Mon: 08:00-17:00 Tue: 08:00-17:00 Wed: 08:00-17:00 Thu: 08:00-17:00 Fri: 08:00-17:00 Sat: 09:00-12:30
Asda Pharmacy	Asda Superstore Leechmere Road Industrial Estate Grangetown Sunderland SR2 9TT	Mon: 08:00-12:30; 13:30-21:00 Tue: 08:00-12:30; 13:30-22:00 Wed: 08:00-12:30; 13:30-22:00 Thu: 08:00-12:30; 13:30-22:00 Fri: 08:00-12:30; 13:30-22:00 Sat: 08:00-12:30; 13:30-22:00 Sun: 10:00-12:30; 13:30-16:00
Boots Pharmacy	Units 2-3 Park Lane Sunderland SR1 3NX	Mon: 08:30-17:30 Tue: 08:30-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30 Sat: 08:30-17:30

Pharmacy Name	Pharmacy Address	Opening Hours
<b><i>Sunderland North locality</i></b>		
Ross Chemists	14 The Green Southwick Sunderland SR5 2JE	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-17:15
Bunnyhill Pharmacy	Bunnyhill Pharmacy Customer Service Centre Bunnyhill, Hylton Lane Sunderland SR5 4BW	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00
Lloyds Pharmacy	8 Sea Road Fulwell Sunderland SR6 9BX	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 09:00-13:00
The Co-operative Pharmacy	79-80 Dundas Street Sunderland SR6 0BB	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00
Avenue Pharmacy	81 Dundas Street Sunderland SR6 0AY	Mon: 09:00-12:30; 13:30-18:00 Tue: 09:00-12:30; 13:30-18:00 Wed: 09:00-12:30; 13:30-18:00 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-12:30; 13:30-18:00
Hylton Castle Pharmacy	22-23 Chiswick Square Hylton Castle Sunderland Tyne and Wear SR5 3PZ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-13:00
Ashchem Chemists	5 Sea Road Fulwell Sunderland SR6 9BP	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-17:00
Lloyds Pharmacy	Southwick Health Centre The Green Southwick Sunderland SR5 2LT	Mon: 08:30-13:00; 13:30-18:00 Tue: 08:30-13:00; 13:30-18:00 Wed: 08:30-13:00; 13:30-18:00 Thu: 08:30-13:00; 13:30-18:00 Fri: 08:30-13:00; 13:30-18:00

Pharmacy Name	Pharmacy Address	Opening Hours
Avenue Pharmacy	50 Roker Avenue Sunderland SR6 0HT	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00
Avenue Pharmacy	53 Lower Dundas Street Mokwearmouth Sunderland Tyne & Wear SR6 0BD	Mon: 07:00-22:00 Tue: 07:00-22:00 Wed: 07:00-22:00 Thu: 07:00-22:00 Fri: 07:00-22:00 Sat: 07:00-22:00 Sun: 08:00-18:00
Sainsbury's Pharmacy	Riverside Road Sunderland Tyne and Wear SR5 3JG	Mon: 9:00-17:30 Tue: 9:00-17:30 Wed: 9:00-17:30 Thu: 9:00-17:30 Fri: 9:00-17:30 Sat: 9:00-17:00
Davy's Pharmacy	2 Ethel Terrace Castletown Sunderland SR5 3BQ	Mon: 09:00-12:45; 14:00-17:45 Tue: 09:00-12:45; 14:00-17:45 Wed: 09:00-12:45; 14:00-17:45 Thu: 09:00-12:45; 14:00-17:45 Fri: 09:00-12:45; 14:00-17:45 Sat: 09:00-13:00
Redhouse Pharmacy	127 Renfrew Road Red House Sunderland Tyne & Wear SR5 5PS	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-17:00 Fri: 09:00-13:00; 14:00-18:00
<b><i>Sunderland West locality</i></b>		
South Hylton Pharmacy	1 Union Street South Hylton Sunderland SR4 0LS	Mon: 08:30-13:00; 14:00-18:00 Tue: 08:30-13:00; 14:00-18:00 Wed: 08:30-13:00; 14:00-18:00 Thu: 08:30-13:00; 14:00-18:00 Fri: 08:30-13:00; 14:00-18:00
E Chaston Limited	Vane House Vane Street New Silksworth Sunderland SR3 1EJ	Mon: 09:00-12:15; 13:45-17:30 Tue: 09:00-12:15; 13:45-17:30 Wed: 09:00-12:15; 13:45-18:00 Thu: 09:00-12:15; 13:45-18:00 Fri: 09:00-12:15; 13:45-18:00 Sat: 09:00-12:30
Demnox Pharmacy	140 Allendale Road Farringdon Sunderland SR3 3DZ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:00 Thu: 09:00-17:30 Fri: 09:00-17:30

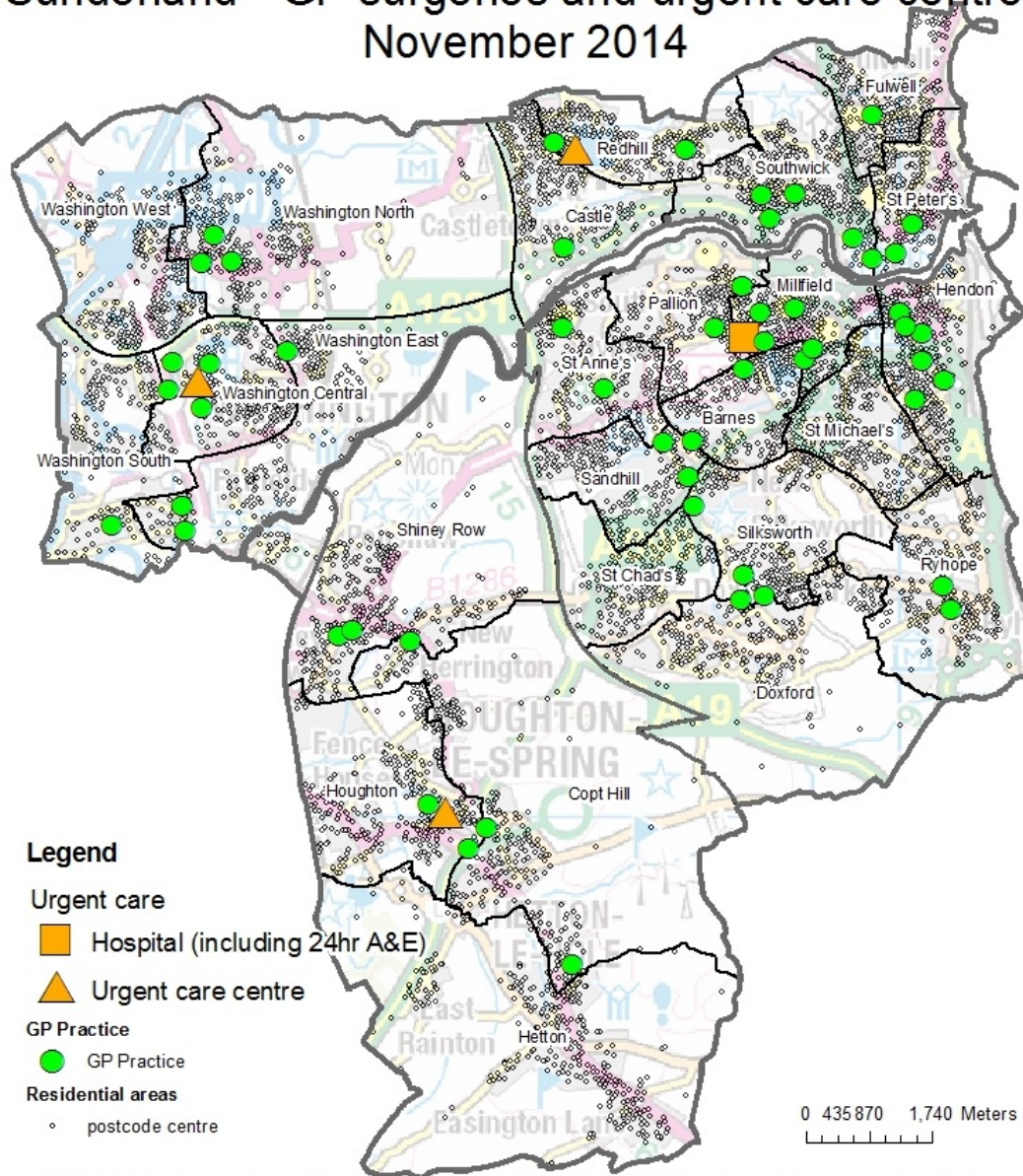
Pharmacy Name	Pharmacy Address	Opening Hours
Rowlands Pharmacy	The Old Forge Surgery Pallion Park Pallion Sunderland SR4 6QE	Mon: 09:00-13:00; 13:20-18:00 Tue: 09:00-13:00; 13:20-18:00 Wed: 09:00-13:00; 13:20-18:00 Thu: 09:00-13:00; 13:20-18:00 Fri: 09:00-13:00; 13:20-18:00
Rowlands Pharmacy	189 Chester Road Sunderland SR4 7JA	Mon: 09:00-13:30; 13:50-17:30 Tue: 09:00-13:30; 13:50-17:30 Wed: 09:00-13:30; 13:50-17:30 Thu: 09:00-13:30; 13:50-17:30 Fri: 09:00-13:30; 13:50-17:30
Greens Pharmacy	149 Chester Road Sunderland Tyne & Wear SR4 7HS	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-17:30 Fri: 09:00-18:00 Sat: 09:00-17:30
Sainsbury's Pharmacy	Silksworth Lane Silksworth Sunderland SR3 1PD	Mon: 08:00-21:00 Tue: 08:00-21:00 Wed: 08:00-21:00 Thu: 08:00-21:00 Fri: 08:00-21:00 Sat: 08:00-20:00 Sun: 10:00-16:00
K & S Dixons Pharmacy	68 Ormonde Street Sunderland SR4 7PP	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-12:30
Amcare Ltd	39b Pallion Way Pallion Trading Estate Sunderland SR4 6SN	Mon: 08:30-17:30 Tue: 08:30-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30
E Chaston Limited	1 Silksworth Terrace New Silksworth Sunderland SR3 2AT	Mon: 09:00-12:30; 14:00-18:00 Tue: 09:00-12:30; 14:00-18:00 Wed: 09:00-12:30; 14:00-18:00 Thu: 09:00-12:30; 14:00-17:00 Fri: 09:00-12:30; 14:00-18:00 Sat: 09:00-12:30
Grindon Pharmacy	17 Galashiels Road Grindon Sunderland Tyne and Wear SR4 8JJ	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00

Pharmacy Name	Pharmacy Address	Opening Hours
Snowdon's Pharmacy	44-46 Sunningdale Road Springwell Sunderland SR3 4ES	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-17:30 Fri: 09:00-18:00 Sat: 09:00-12:30
Tullochs Pharmacy	Unit 9 Pennywell Centre Pennywell Sunderland SR4 9AS	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-14:00
Your Local Boots Pharmacy	Alderman Jack Cohen Health Centre Springwell Road Sunderland SR3 4HG	Mon: 08:15-18:15 Tue: 08:15-18:15 Wed: 08:15-18:15 Thu: 08:15-18:15 Fri: 08:15-18:15
Rowlands Pharmacy	19 St Lukes Terrace Pallion Sunderland SR4 6RU	Mon: 09:00-13:30; 13:50-17:30 Tue: 09:00-13:30; 13:50-17:30 Wed: 09:00-13:30; 13:50-17:30 Thu: 09:00-13:30; 13:50-17:30 Fri: 09:00-13:30; 13:50-17:30 Sat: 09:00-17:00
<b>Washington locality</b>		
	Unit 80 The Galleries Washington NE38 7RT	Mon: 08:30-13:00; 14:00-18:00 Tue: 08:30-13:00; 14:00-18:00 Wed: 08:30-13:00; 14:00-18:00 Thu: 08:30-13:00; 14:00-18:00 Fri: 08:30-13:00; 14:00-18:00 Sat: 08:30-13:00; 14:00-17:30 Sun: 10:00-16:00
Lloyds Pharmacy	Westerhope Road Barmston Washington NE38 8JF	Mon: 08:00-18:30 Tue: 08:00-18:30 Wed: 08:00-18:30 Thu: 08:00-18:30 Fri: 08:00-18:30
Boots Pharmacy	12 Arndale House Washington Tyne & Wear NE37 2SW	Mon: 08:30-12:00; 13:00-17:30 Tue: 08:30-12:00; 13:00-17:30 Wed: 08:30-12:00; 13:00-17:30 Thu: 08:30-12:00; 13:00-17:30 Fri: 08:30-12:00; 13:00-17:30 Sat: 08:30-12:00; 13:00-17:00
Lloyds Pharmacy	1 Heworth Road Concord Washington NE37 2PY	Mon: 07:30-20:30 Tue: 07:30-20:30 Wed: 07:30-20:30 Thu: 07:30-20:30 Fri: 07:30-20:30

Pharmacy Name	Pharmacy Address	Opening Hours
Blue House Pharmacy	Nisa Supermarket Blue House Lane Washington Tyne and Wear NE37 2TE	Mon: 07:00-22:00 Tue: 07:00-22:00 Wed: 07:00-22:00 Thu: 07:00-22:00 Fri: 07:00-22:00 Sat: 07:00-20:00 Sun: 08:00-20:00
Asda Pharmacy	Washington Centre Washington NE38 7NF	Mon: 08:00-23:00 Tue: 07:00-23:00 Wed: 07:00-23:00 Thu: 07:00-23:00 Fri: 07:00-23:00 Sat: 07:00-22:00 Sun: 10:00-16:00
J Dinning (Woodlands) Ltd	Vigo Lane Rickleton Village Washington Tyne and Wear NE38 9EJ	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00
Lloyds Pharmacy	Within the entrance to the Library The Galleries Independence Square Washington, Tyne & Wear NE38 7SS	Mon: 08:30-18:30 Tue: 08:30-18:30 Wed: 08:30-18:30 Thu: 08:30-18:30 Fri: 08:30-18:30 Sat: 10:00-14:00

## Appendix 2: Map of GP and urgent care services in Sunderland, November 2014

### Sunderland - GP surgeries and urgent care centres November 2014



Based upon the Ordnance Survey mapping with the permission of The Controller of Her Majesty's Stationary Office. Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings. City of Sunderland. Licence No. 100018385 Date 2014

## List of GP practices in Sunderland

Practice code	Practice name
<b><i>Coalfields locality</i></b>	
A89004	Hetton Group Practice
A89009	Herrington Medical Centre
A89021	Kepier Medical Practice
A89023	Houghton Medical Group
A89028	Grangewood Surgery
A89030	Westbourne Medical Group
<b><i>Sunderland East locality</i></b>	
A89001	Deerness Park
A89002	Dr S M Bhate & Dr H El-Shakankery
A89005	Villette Surgery
A89013	The New City Medical Group
A89018	Ashburn Medical Centre
A89034	Park Lane Practice
A89035	Southlands Medical Group
A89610	Conishead Medical Group
A89611	Eden Terrace Surgery
A89612	Nathan Jr
<b><i>Sunderland North locality</i></b>	
A89008	Red House Medical Centre
A89014	Roker Family Practice
A89015	Fulwell Medical Centre,
A89016	St Bede Medical Centre
A89019	Drs Cloak, Choi And Milligan
A89036	Castletown Medical Centre
A89040	Dr Gellia & Dr Balaraman
A89603	Dr. R. Obonna
A89604	Dr Weatherhead & Associates
<b><i>Sunderland West locality</i></b>	
A89006	Dr Shetty & Partners
A89007	Dr Lefley & Associates
A89011	Village Surgery
A89017	Millfield Medical Group
A89020	The Old Forge Surgery
A89024	The Broadway Medical Practice
A89027	Springwell Medical Group
A89029	Springwell House
A89031	Hylton Medical Group
A89032	Colliery Medical Group
A89041	Happy House
A89042	Church View Medical Centre
A89614	South Hylton Surgery
A89621	Pennywell Medical Centre
A89623	Chester Surgery



Practice code	Practice name
<b><i>Washington locality</i></b>	
A89003	Dr Akk Hegde
A89010	Dr Stephenson & Partners
A89012	Dr Dixit's Practice
A89022	Concord Medical Practice
A89025	Encompass Health Care
A89026	Victoria Medical Practice
A89038	Intrahealth Barmston Medical Group
A89616	Rickleton Medical Centre
A89617	Harraton Surgery
A89620	Dr Thomas
A89624	Dr. N.J. Bhatt & Dr. H.M. Benn

## Appendix 3: Priorities in the Joint Health and Wellbeing Strategy and how community pharmacy can help

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

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

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

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

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

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

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

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

## **Appendix 4: Collaborative Working Group Membership**

### **For Sunderland**

Kath Bailey	Locum Consultant in Public Health, Sunderland City Council (Chair)
Andy Billett	Public Health Analyst, Sunderland City Council
Gemma Donovan	Medicines Optimisation Pharmacist, Sunderland CCG
Cath McClelland	Senior Medicines Optimisation Pharmacist, Sunderland CCG
Jackie Nixon	Promoting Health Engagement Lead, Sunderland City Council
Umesh Patel	
Clair Richardson	Representing Sunderland Local Pharmaceutical Committee
Jim Smith	

### **For South Tyneside**

Janice Chandler	Commissioning Manager, South Tyneside Council
Sue Collins	Promoting Health Engagement Lead, South Tyneside Council
Paul Madill	Specialty Registrar in Public Health, South Tyneside Council (Deputy Chair)
Marie Thompkins	Commissioning Manager, South Tyneside Council
David Carter	
Sami Hanna	Representing Gateshead and South Tyneside Local Pharmaceutical Committee
Louise Lydon	

### **For both**

Janette Stephenson	Medicines Optimisation Manager, NECS
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## **Appendix 5: Equality Impact Assessment**

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

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

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

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

The formal consultation provides the opportunity to obtain the views of specific communities and population groups about pharmacy services. The outcome of this work is included in the final PNA.



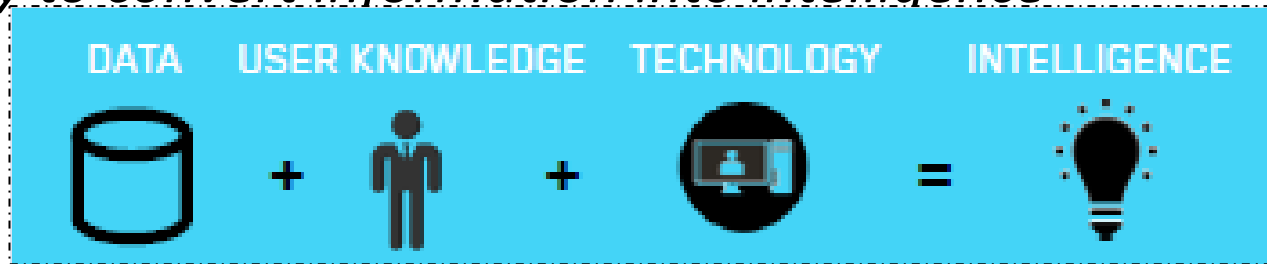


# Sunderland's Approach to Intelligence – Update for Health and Wellbeing Board

Sharon Lowes/Graeme Atkinson –  
Intelligence Leads

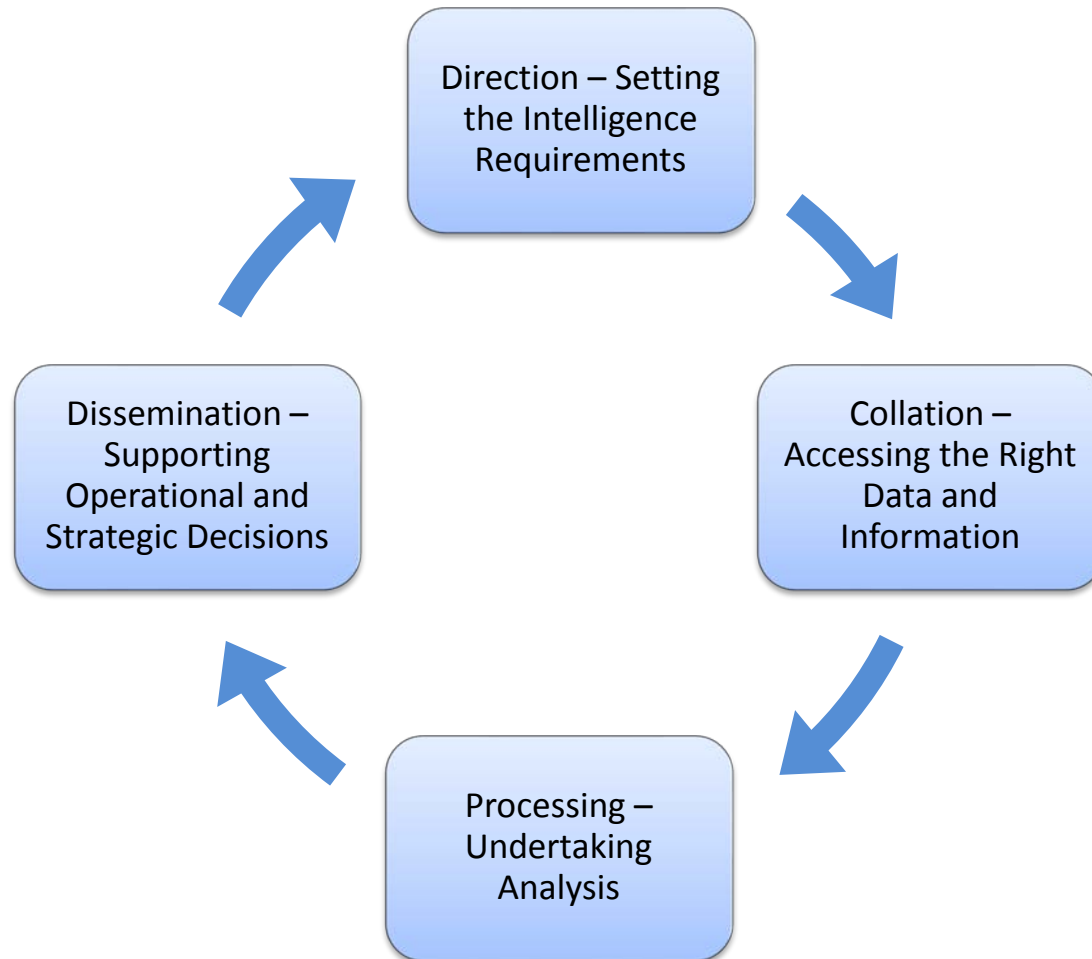
# Reminder of Sunderland's Intelligence Approach

*A combination of **people, processes and tools** giving us the ability to convert information into intelligence*



- An approach: using data and intelligence in everything we do – changing the way we all do business to better understand individuals and communities

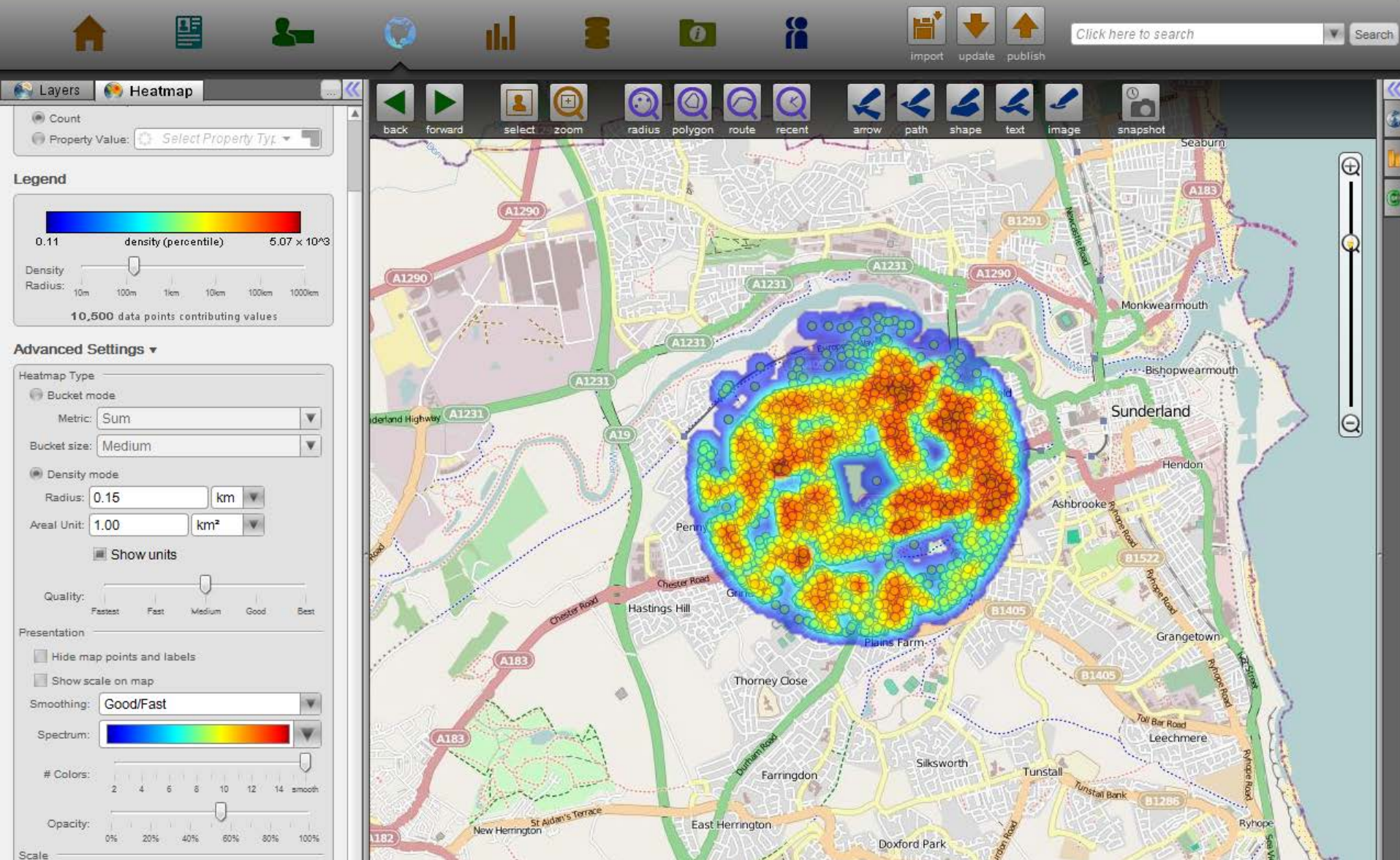
# Intelligence Cycle – what we are doing in Sunderland



# **Use Cases – Update**

## **Hospital Admissions**

- **Data Sharing Agreement with HSCIC – to enable the pseudonymisation of health and social care records**
- **Presented at Follow Up to ASE Event – central to Integrated Working agenda**
- **Reviewing social care data (whilst awaiting data sharing agreement)...to understand social care activity across the city**



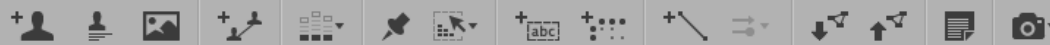
# STRENGTHENING FAMILIES

- Identifying families who can be supported before they need more costly interventions
- Bringing together numerous information sources to understand the family household view
- Implementing Phase 2 of the national programme



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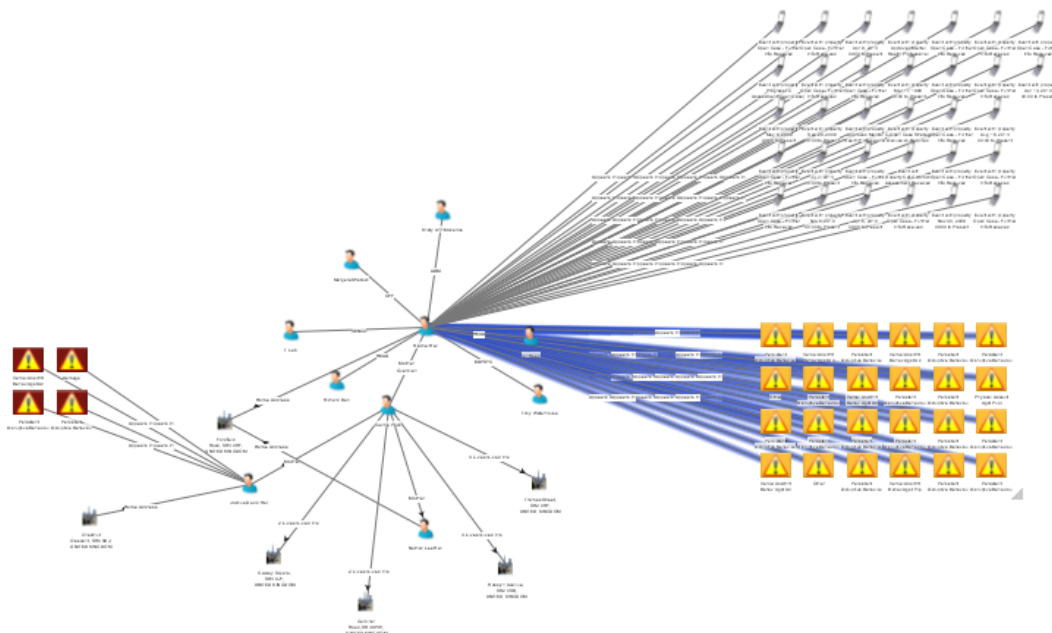
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Node Size



Selection Histogram Filters

Sort by Count

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## Object Types

clear selection

## Event Types (2/2)

- All Events 24
- Exclusion 24

[Show More](#) [Show All Loaded](#) [Show Fewer](#)

## Event Properties

clear selection

## Exclusion Category (1/1)

- Fixed Period 24

[Show More](#) [Show All Loaded](#) [Show Fewer](#)

## Exclusion Reason (5/5)

- Persistent Disruptive Behaviour 16
- Verbal Abs/thrt Behav Agst Ad 4
- Other 2
- Physical Assault Agst Pupil 1
- Verbal Abs/thrt Behav Agst Pup 1

[Show More](#) [Show All Loaded](#) [Show Fewer](#)

## Source System (1/1)

- Capita One 24

[Show More](#) [Show All Loaded](#) [Show Fewer](#)

## Entity Relationships

clear selection

## All Links (1/1)

- All Links 24

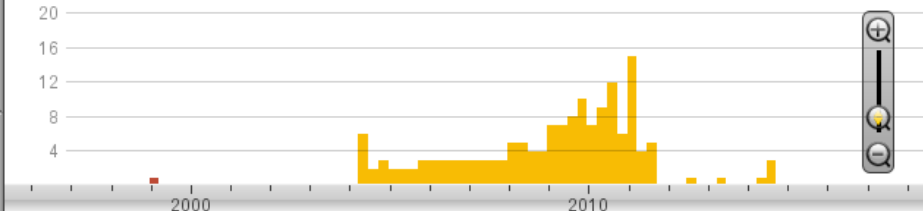
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History Timeline

- Events
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  - Referral
- Properties
  - Date of Birth
- Links
  - Appears In
  - Lives/Lived In/Ha...
  - Parent Of/Child Of

Showing 1995 through 2018

Bin size: 3 months

[Add](#) [Save Filters](#) [Clear Filters](#) [History Snapshot](#) [Zoom/Pan to All Events](#) [Time zone: +00:00](#)[History Snapshot](#) [Drill Down](#)

# Next Steps

- Further discussions with HSCIC and DMIC (data sharing and pseudonymisation processes)
- Reviewing social care data
- Launching Strengthening Families Phase 2 – use of Palantir Gotham
- Engagement of partners in training



**SUNDERLAND HEALTH AND WELLBEING BOARD****23 January 2015****CLOSED BOARD SESSIONS AND FORWARD PLAN****Report of the Head of Strategy, Policy and Performance Management****1. PURPOSE OF THE REPORT**

To inform the Board of the date and scope of the next development session and the forward plan.

**2. CLOSED BOARD SESSIONS**

The next scheduled development session is planned for the 6<sup>th</sup> February, 12noon – 2.00pm.

It is proposed that the Board looks at setting priorities for action against the HWB Strategy using the information that has been prepared on needs and on existing priorities.

This will then set the agenda and format of advisory group meetings in the forthcoming year and provide a focus for the next annual assurance report.

**3. FORWARD PLAN**

<b>Health and Wellbeing Board Agenda - Forward Plan 2014 – 15</b>		
	<b>23<sup>rd</sup> January 2015</b>	<b>20<sup>th</sup> March 2015</b>
<b>Standing Items</b>	<ul style="list-style-type: none"> <li>Update from Advisory Groups</li> <li>Closed Board Session Briefing</li> <li>Integration and Transformation Board</li> </ul>	<ul style="list-style-type: none"> <li>Update from Advisory Groups</li> <li>Closed Board Session Briefing</li> <li>Integration and Transformation Board</li> </ul>
<b>Joint Working</b>	<ul style="list-style-type: none"> <li>NHS Monies for Social Care 2014/15 (GK)</li> <li>Pharmaceutical Needs Assessment</li> </ul>	<ul style="list-style-type: none"> <li>DPH Annual Report – Healthy City – Healthy Economy</li> <li>Pharmaceutical Needs Assessment</li> <li>Integrated Impact Assessment – HIA of the Core Strategy (NC/VT)</li> <li>Alcohol Declaration (GG/JPW)</li> </ul>
<b>External Links</b>	<ul style="list-style-type: none"> <li>Intelligence hub update</li> </ul>	<ul style="list-style-type: none"> <li>Health Protection Arrangements (GG)</li> <li>Care Act</li> </ul>

#### **4. BOARD TIMETABLE**

Attached as Appendix 1 is the Board timetable showing the deadlines for agenda items, papers and the provisional times for the advisory groups.

#### **5. RECOMMENDATIONS**

The Board is recommended to

- Suggest topics for in depth closed/partnership sessions for 2015
- note the forward plan and suggest any additional topics
- note the timetable

## SUNDERLAND HEALTH AND WELLBEING BOARD

### MEETINGS 2014/15

Call for Agenda Items	Notification of Agenda items	Adults Partnership Board	Children's Trust	Provider Forum (tbc)	Integration Board	Deadline For Board Papers (to KG)	Chairs Briefing	Publication Deadline	Members briefing	HWBB Meeting Date
26 March (Weds)	9 April (Weds)	13 May (Tuesday)	8 May (Thurs)	7 May (Weds)	24 April (thurs)	5 May (Mon)	6 May 9-10	8 May (Thursday)	9 May (Friday)	16 May (Friday)
21 may (Weds)	4 June (Weds)	8 July (Tuesday)	9 July (Weds)	10 July (Thursday)	2 July (weds)	14 July (Mon)	15 July 9-9.30	17 July (Thursday)	18 July (Friday)	25 July (Friday)
23 July (Weds)	6 August (Weds)	9 September (Tuesday)	11 September (Thurs)	4 September (Thursday)	21 August (thurs)	8 September (Mon)	10 Sept 9-10	11 September (Thursday)	12 September (Friday)	19 September (Friday)
24 sept (Weds)	8 October (Weds)	4 November (Tuesday)	13 November (Thurs)	6 November (Thursday)	5 November (weds)	17 November (Mon)	19 Nov 2-3	20 November (Thursday)	21 November (Friday)	28 November (Friday)
3rd Dec (Weds)	17 Dec (Weds)	6 January (Tuesday)	13 January (Tues)	8 January (Thursday)	6 Jan (tues)	12 January (Mon)	13 Jan – 2-3	15 January (Thursday)	16 January (Friday)	23 January 2015 (Friday)
28 Jan (Weds)	11 February (Weds)	3 March (Tuesday)	5 March (Thursday)	5 March (Thursday)	26 Feb (thurs)	9 March (Mon)	10 March – 2-3	12 March (Thursday)	13 March (Friday)	20 March 2015 (Friday)